COP 2017 Approval Meeting
Out-brief
Rwanda

May 4, 2017
Rwanda Country context
HIV Epidemiological Landscape in Rwanda

• HIV Prevalence
  - General Population = **3.0%**
  - Men = **2.2%**
  - Women = **3.6%**
  - Pediatrics (0-14) = **0.2%**

• Kigali City Prevalence
  - General Population = **6.3%**
  - Men = **4.4%**
  - Women = **8.0%**

• HIV Incidence = **2.7/1,000**

• MTCT = **1.8%**

• Male Circumcision = **30%**

Source: 2015 Rwanda Demography Health Survey (DHS), 2013-14 RAIHIS, 2015 Behavior and Biological Surveillance Survey
Implementation of DSDM/MMP in Rwanda

- COP16 review
- Launch of TREAT all nationwide
- DSDM Technical preparation

August - Launch of TREAT all nationwide
- DSDM Technical preparation

September - TWG meetings revised supply chain, SOPs

December 2016 - Categorization of patients
- Assessment of District Pharmacies
- Trainings of HCPs and Pharmacists

February 2017 - Commodities availability at all District Hospitals
- Launch of DSDM (6 months clinical visits)

July 2017 - First group of stable patients received 3 months drug supply

Adaptive implementation

2016

- COP16 review

2017

- A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
## Stakeholder Review and Comments

### Stakeholders Engaged
- **Government of Rwanda**
  - MOH, RBC
- **CSO:**
  - RRP+, Rwanda NGO Forum on HIV/AIDS, RICH, UPHLS, ABASIRWA, PSF
- **Multilaterals:**
  - UNAIDs, UNICEF, GF, WHO
- **PEPFAR Implementing Partners**

### Frequency of Engagement
- **Quarterly through POART/results sharing meetings**
- **Management meetings with MoH Leadership (PEPFAR Steering Committee)**
- **Monthly engagement meetings with CSO umbrella organizations, UNAIDS, PEPFAR, GF**
- **February 3, 2017 – Pre DCMM Stakeholder Consultation Meeting (discussed direction for COP17)**
- **March 23, 2017 – Shared SDS draft for comment and review before consultation meeting.**
- **March 27, 2017 – Post DCMM Stakeholder Consultation Meeting (discussed DCMM and COP17 SDS)**

### Stakeholder Input into COP 17
- **Concerns about stigma and discrimination**
- **Sharing platforms for reaching targeted populations and enhancing linkages to treatment**
- **Interest in involvement in Kigali-based COP review**
- **SDS input received from:**
  - GOR
  - Umbrella Organization of Persons with Disabilities on HIV (UPHLS)
Global Fund Concept Note Coordination

- December 15, 2016: GF allocation letter
  - $154,462,907 (January 1, 2018 to December 31, 2020)
- January 10, 2017: Roadmap to CN and NSP extension development
- February 6-10, 2017: NSP extension and CN development
  - USG technical team, PEPFAR Agency Leads, PEPFAR Coordinator
- March 16, 2017: Presentation of Concept Note draft to CCM
- March 20, 2017: Concept Note submission
  - Cost breakdowns:
    - 43% Care + Treatment
    - 37% Health Systems
    - 14% Prevention
    - 3% Strategic Information
    - 3% Impact Mitigation
    - Requesting funding for PrEP
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New Infections and AIDS Deaths in Adults (15+) in Rwanda

*New Spectrum is based on Feb 2017 draft model while we await the final approved model with software fix
Uncertain Epidemiology of HIV in Rwanda, 2017*

• **Feb 2017 Draft** Spectrum model suggest unchanged HIV prevalence, higher than expected incidence, but estimates may be elevated due to:
  a) Programming error in Spectrum algorithm in Jan 2017, and
  b) Use of EIA-based algorithm for lab testing from RAIHIS

• MOH with CDC evaluating the feasibility of re-testing specimens for incidence and possibly prevalence, anticipated finished by July 2017

• ‘Fixed’ Spectrum model will be re-run with final, confirmatory-tested findings from RAIHIS when lab results are available
PMTCT_STAT POS: Decline in Newly Identified Positives at ANC

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PMTCT STAT POS: Declining Testing Yield at ANC

(Excludes Known Pos at entry)

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Note: In COP15 (FY16), PEPFAR transitioned 54 PEPFAR-supported sites to GF/GOR support, which accounts for the proportional reduction in PEPFAR supported PLHIV on ART in Rwanda between 2016 and 2017.
FY16 Rwanda national treatment cascade versus 90-90-90 targets

- Diagnosed result = 89% of PLHIV
  - Diagnosed target = 90%

- On ART result = 81% of PLHIV
  - On ART target = 81%

- Virally Suppressed result = 73% of PLHIV
  - Suppressed target = 73%

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# Rwanda 2016 Unmet Need for ART by Province, Age, Sex to Reach 100% Coverage

<table>
<thead>
<tr>
<th>Province</th>
<th>Age Group</th>
<th>Female Unmet Need</th>
<th>Male Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>&lt;15</td>
<td>467</td>
<td>529</td>
</tr>
<tr>
<td></td>
<td>15-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25+</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>3206</td>
<td>2979</td>
</tr>
<tr>
<td>Kigali</td>
<td>&lt;15</td>
<td>1242</td>
<td>1343</td>
</tr>
<tr>
<td></td>
<td>15-24</td>
<td>597</td>
<td>529</td>
</tr>
<tr>
<td></td>
<td>25+</td>
<td>8254</td>
<td>4070</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>3161</td>
<td>2989</td>
</tr>
<tr>
<td>North</td>
<td>&lt;15</td>
<td>358</td>
<td>397</td>
</tr>
<tr>
<td></td>
<td>15-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25+</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>3161</td>
<td>2989</td>
</tr>
<tr>
<td>South</td>
<td>&lt;15</td>
<td>577</td>
<td>609</td>
</tr>
<tr>
<td></td>
<td>15-24</td>
<td>213</td>
<td>570</td>
</tr>
<tr>
<td></td>
<td>25+</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>4306</td>
<td>3685</td>
</tr>
<tr>
<td>West</td>
<td>&lt;15</td>
<td>171</td>
<td>209</td>
</tr>
<tr>
<td></td>
<td>15-24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25+</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>1608</td>
<td>271</td>
</tr>
</tbody>
</table>

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Rwanda COP17 New Directions/Strategy

1. Shift to **Index testing** everywhere, plus testing in KP/PP sexual networks (Kigali Index in COP16)

2. Lead a national shift from aggregate reporting to **line-listed** (individual-level) **reporting** with focus on linkage of HTS_POS → ART

3. Accelerated (same day) and **facilitated** initiation of ART

4. **Kigali** focus building on the UNAIDS/GOR Fast Track City Strategy

5. National TWG is reviewing data to support MOH **policy change in tetanus immunization** for VMMC

6. Leverage OVC platform to implement **DREAMS-like** activities
FY16 + FY17 Results (Q1 + Q2): Identifying Gaps
## Summary of Q1 and Q2 FY17 results against FY17 targets

<table>
<thead>
<tr>
<th></th>
<th>FY17 Target</th>
<th>FY17 Q1 + Q2 Result</th>
<th>FY17 % Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTS_TST</td>
<td>965,642</td>
<td>497,984</td>
<td>52%</td>
</tr>
<tr>
<td>HTS_TST_POS</td>
<td>12,311</td>
<td>5,392</td>
<td>44%</td>
</tr>
<tr>
<td>HTS_TST positivity</td>
<td>1.3%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>TX_NEW*</td>
<td>14,996</td>
<td>4,062</td>
<td>27%</td>
</tr>
<tr>
<td>TX_New DSD</td>
<td>14,996</td>
<td>3,612</td>
<td></td>
</tr>
<tr>
<td>TX_New_TA**</td>
<td></td>
<td>450</td>
<td></td>
</tr>
<tr>
<td>TX_CURR</td>
<td>104,054</td>
<td>94,265</td>
<td></td>
</tr>
<tr>
<td>VMMC_CIRC+</td>
<td>95,936</td>
<td>44,877</td>
<td>47%</td>
</tr>
</tbody>
</table>

* Three IMs identify positives who may link to Global Fund ART sites, meaning positives divided by TX_New does not directly equate to linkage

** TX_New_TA refers to outreach testing where high risk clients are identified through PEPFAR supported testing but linked to non-PEPFAR supported clinical facilities

+ Targets for FY16 were not achieved for VMMC due to vaccination policy change. Targets for FY16 and FY17 should be achieved in the combined FY16 plus FY17 results. FY16/FY17 target is 236,939, FY16/FY17 results are 100,675, which are 43% achievement.
First 90
Decreasing volume of tests at facility with preserved yield; FY16 – FY17 Q2

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Decreasing volume of total tests with preserved yield;
FY16 – FY17 Q2

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FY17 Q2: PEPFAR Increase in Mobile Testing; Index Case Testing Not Yet Implemented

FY17 Q2: HIV Tests by Modality

- VCT 27%
- Other PITC 29%
- PMTCT ANC 12%
- Mobile 12%
- Inpatient 7%
- Pediatric 1%
- Malnutrition 0%
- TBClinic 2%
- Index 1%
- VMMC 9%

FY17 Q2: HIV Positives by Modality

- VCT 22%
- Other PITC 17%
- Mobile 38%
- PMTCT ANC 9%
- Inpatient 6%
- Pediatric 1%
- VMMC 3%
- Index 2%
- TBClinic 2%

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FY17 Q2: Where are we identifying our positives by age/sex?

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FY17 Q1 and Q2 testing modality source of positives

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FY17 Mobile HTC POS: Who are the positives?

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SFH’s “Moonlight Services” were scaled up after a steady increase in testing and positive results from FY16 Q4, to FY17 Q1-Q2

SFH began using and reporting on counter referral forms after signing MOUs with Health Facilities in FY17 Q1

<table>
<thead>
<tr>
<th></th>
<th>Total Tests</th>
<th>Testing Target</th>
<th>% Testing Achievement</th>
<th>Total Positive Results</th>
<th>Yield</th>
<th>FSWS: % of the Total Positive Results</th>
<th>MSM: % of the Total Positive Results</th>
<th>% completed counter referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY17 Q1</strong></td>
<td>2,004</td>
<td>2,052</td>
<td>98%</td>
<td>135</td>
<td>7%</td>
<td>93%</td>
<td>1%</td>
<td>61%</td>
</tr>
<tr>
<td><strong>FY17 Q2</strong></td>
<td>3,558</td>
<td>2,736</td>
<td>130%</td>
<td>353</td>
<td>10%</td>
<td>90%</td>
<td>1%</td>
<td>Data collection ongoing</td>
</tr>
</tbody>
</table>

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SFH will increase testing through index and mobile testing in Q3-Q4 to reach identify new positives

<table>
<thead>
<tr>
<th></th>
<th>Index Case Testing</th>
<th>Mobile Testing</th>
<th>% completed counter referral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tests</td>
<td>Positive Results</td>
<td>Yield</td>
</tr>
<tr>
<td>FY17 Q1</td>
<td>18</td>
<td>10</td>
<td>56%</td>
</tr>
<tr>
<td>FY17 Q2</td>
<td>29</td>
<td>13</td>
<td>45%</td>
</tr>
</tbody>
</table>

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Recruitment for STI Clients through Radio vs Pharmacy
PSF Data: FY 16 Q2 - Q4, FY 17 Q1,2

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Recruitment of Clients of FSW by a Peer Educator (Emory: May 2016 – Apr 2017)

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Managing Partner Performance: Testing Costs & Yield by IM

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Second 90
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Poor national correlational between positives and enrolled on treatment

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Tested Pos</th>
<th>Total_Initated</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>1029</td>
<td>54%</td>
</tr>
<tr>
<td>Kigali</td>
<td>1980</td>
<td>90%</td>
</tr>
<tr>
<td>North</td>
<td>432</td>
<td>62%</td>
</tr>
<tr>
<td>South</td>
<td>797</td>
<td>80%</td>
</tr>
<tr>
<td>West</td>
<td>804</td>
<td>73%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5042</td>
<td>69%</td>
</tr>
</tbody>
</table>

*Includes PEPFAR and non-PEPFAR supported sites.

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Difference between positive tests and newly enrolled on treatment by sites for further analysis

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CorUnum HC: FY17,Q1-Q2 – Example of HTS Linkage to C&T in one Health Center with high ratio of TX_NEW to HTS_POS

<table>
<thead>
<tr>
<th>ENTRY Point</th>
<th>Newly identified positive</th>
<th>Registered in HIV care system</th>
<th>On ART N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCT</td>
<td>42</td>
<td>42</td>
<td>40 (95%)</td>
</tr>
<tr>
<td>PITC</td>
<td>52</td>
<td>52</td>
<td>50 (96%)</td>
</tr>
<tr>
<td>Referral from Other sites</td>
<td>29</td>
<td>29</td>
<td>29 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>123</td>
<td>119* (97%)</td>
</tr>
</tbody>
</table>

*NOTE: The remaining 4 New Positives were initiated on ART already during April, so → 100% on ART.

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### Kibagabaga Hospital: FY17,Q1-Q2 – HTS Linkage to C&T in one District Hosp. with Low Ratio of TX_NEW to HTS_POS

<table>
<thead>
<tr>
<th>ENTRY POINT</th>
<th>Newly identified positive</th>
<th>Registered in HIV care system</th>
<th>On ART N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PITC</td>
<td>89</td>
<td>35</td>
<td>34 (39%)</td>
</tr>
<tr>
<td>Referral to Other Sites</td>
<td>No retrievable documentation about where referred or whether linked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral from Other sites</td>
<td>1</td>
<td>1</td>
<td>1 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>36</td>
<td>35 (39%)</td>
</tr>
</tbody>
</table>

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## Emory/PSF: Key and priority population high linkage data

<table>
<thead>
<tr>
<th>Date Initiated</th>
<th>Group</th>
<th># Recruited</th>
<th>% Prior Tested</th>
<th>% Known HIV+</th>
<th>% Already On ART</th>
<th>% New HIV+</th>
<th>% ART Linkage</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/2015</td>
<td>MSM</td>
<td>1,063</td>
<td>78%</td>
<td>2.6%</td>
<td>86%</td>
<td>3.1%</td>
<td>79%</td>
</tr>
<tr>
<td>11/2015</td>
<td>FSW</td>
<td>5,770</td>
<td>98%</td>
<td>33%</td>
<td>96%</td>
<td>8.0%</td>
<td>93%</td>
</tr>
<tr>
<td>01/2016</td>
<td>STI Clients</td>
<td>1,945</td>
<td>94%</td>
<td>6.1%</td>
<td>90%</td>
<td>5.0%</td>
<td>84%</td>
</tr>
<tr>
<td>03/2016</td>
<td>Clients of FSW</td>
<td>3,059</td>
<td>90%</td>
<td>5.8%</td>
<td>91%</td>
<td>3.0%</td>
<td>98%</td>
</tr>
<tr>
<td>03/2017</td>
<td>Partners of STI Clients</td>
<td>69</td>
<td>97%</td>
<td>3%</td>
<td>50%</td>
<td>3%</td>
<td>75%</td>
</tr>
<tr>
<td>03/2017</td>
<td>Partners of FSW Clients</td>
<td>Protocol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/2017</td>
<td>MSM CSW</td>
<td>Protocol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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PEPFAR Rwanda Emory Treatment Cascade for MSM, 03/2015-04/2017

Enrolled: 1000
Tested: 98%
HIV positive: 4.5%
Initiated ARV: 79%
Available VL: 49%
Suppressed VL: 89%

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PEPFAR Rwanda Emory Cascade for STI Symptomatic Clients, 01/2016-04/2017

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PEPFAR Rwanda Emory Cascade for Clients of FSW, 03/2016-04/2017

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TX_NEW (FY16 – FY17 Q2)

FY16 data includes the 54 transition sites, in Q4 these account for approximately 166 TX New and in Q3 these are 213.

Launch of TREAT ALL

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COP16 TX_New and Linkage Strategy to reach COP16 targets

- Strategy to put an additional 6871 on treatment, assuming without additional strategy Q3/Q4 (4,062) would be similar to Q1/Q2 (4,062)

- Existing patient family case review
- Index case testing (Kigali)
- Same day enrollment to improve linkage
- VMMC acceleration
- Optimized PITC
- Additional KP/PP outreach
- Extended clinic hours
- OVC additional testing

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Plan to Extend Clinic Hours in Highest Yield VCT Sites, based on FY17 Q1/Q2

16 sites in orange >2% VCT positivity will extend testing hours
Third 90
PEPFAR Rwanda on-ART Retention Rates 12 Mo. Post Initiation, APR 16

<table>
<thead>
<tr>
<th>Target</th>
<th>Total result</th>
<th>&lt;15</th>
<th>15+</th>
<th>Pregnant</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>93%</td>
<td>92%</td>
<td>93%</td>
<td>86%</td>
<td>93%</td>
<td>92%</td>
</tr>
</tbody>
</table>

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
PEPFAR Rwanda FY16 Results: TX RET Adolescents by Province

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

Average Retention rate 86%
38 sites are below
Poor availability of Viral Load Results (FY16)

- Eligible for VL: 89,467
- VL results available: 68,284 (76%)
- VL suppression: 62,186 (91%)
FY16 Total Viral Load Result Available and Suppression
Poor Viral Load Result Availability in Kigali City (FY16 PEPFAR data)

Proportion of eligible on treatment with a viral load result

- Kigali City: 68%
- South: 78%
- East: 88%
- West: 91%
- North: 92%
Viral load suppression across age/sex categories (FY16 PEPFAR data)
High Viral Load Suppression Across Provinces (PEPFAR FY16)

- PEPFAR Total: 91%
- Kigali City: 89%
- South: 93%
- East: 92%
- West: 91%
- North: 89%

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
VMMC (FY16 – FY17 Q1+Q2)

VMMC FY16 & FY17 Targets Vs. Results By Partner

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VMMC Quarterly Results FY16 and FY17

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Current National Circumcision Coverage by Province (APR16)

Percent of men age 15-29 who are circumcised

- North: 27%
- East: 41%
- West: 56%
- South: 25%
- Kigali: 69%

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Targeted National Circumcision Coverage by Province (FY17)

Percent of men age 15-29 who are circumcised

- North: 34%
- East: 47%
- South: 27%
- Kigali: 85%
- West: 58%

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Expected National Circumcision Coverage by Province (FY18)

Number of men age 15-29 who are circumcised

- **West**: 65%
- **Kigali**: 95%
- **North**: 41%
- **South**: 39%
- **East**: 49%

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VMMC Catch-Up to Achieve FY16 + FY17 targets

• VMMC campaigns
• Umuganda and local community activities
• Youth centers/High schools/Universities
• Army week activities
• VMMC services in priority sites
  • Military, public health facilities and police
• Offer services after working hours
COP 2017 Targets
## 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>Saturation Scale-Up</td>
<td>987,303</td>
<td>16,188</td>
<td>14,745</td>
<td>113,952</td>
<td>Total: 115,442</td>
<td>OVC: 90,948</td>
<td>12,205</td>
<td>25,670</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total: 12,205</td>
<td>MSM: 1,400</td>
<td>FSW: 10,805</td>
<td></td>
</tr>
</tbody>
</table>
COP16 targeted on ART compared to total PLHIV by province

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
COP17 targeted on ART compared to total PLHIV by province

Estimated Number of PLHIV, end of FY18

<table>
<thead>
<tr>
<th>Province</th>
<th>Estimated Number of PLHIV, end of FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kigali City</td>
<td>64,068</td>
</tr>
<tr>
<td>East</td>
<td>43,957</td>
</tr>
<tr>
<td>South</td>
<td>47,259</td>
</tr>
<tr>
<td>West</td>
<td>41,279</td>
</tr>
<tr>
<td>North</td>
<td>28,187</td>
</tr>
</tbody>
</table>

Estimated Current on ART, end of FY18

<table>
<thead>
<tr>
<th>Province</th>
<th>Estimated Current on ART, end of FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kigali City</td>
<td>63,090</td>
</tr>
<tr>
<td>East</td>
<td>44,299</td>
</tr>
<tr>
<td>South</td>
<td>41,236</td>
</tr>
<tr>
<td>West</td>
<td>41,766</td>
</tr>
<tr>
<td>North</td>
<td>24,254</td>
</tr>
</tbody>
</table>

98% coverage attained in all provinces except:
- <15 Kigali, North, South M/F
- 25+ North M

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Strategies and Innovations
# 1st 90: Barriers and Strategies

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Strategies</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of new HIV cases in women 25+ in Kigali (compared to unmet need)</td>
<td>• <strong>Index testing</strong>/Partner notification (all newly identified HIV pos and all PLHIV in care)</td>
<td>Kigali FY17 Q3/Comprehensive FY18 Q1</td>
</tr>
</tbody>
</table>
| Difficult to reach hidden and at high risk groups/networks              | • Mobilization through radio and pharmacy referral of STI clients for HIV testing  
• Use of peer educators for KPs recruitment  
• **Social network mapping** and testing (Clients of CSWs, **recency** of the infection) | Ongoing                         |
|                                                                        |                                                                           | Ongoing FY18 Q1                  |
| Identification of high risk young women and men for HIV testing (15 – 24 Years) | • **Optimized VCT & PITC**  
• Self-Testing Pilot  
• Extend clinic hours to evenings and weekends | FY17Q3 FY18 Q1                  |
| Cultural sensitivities re: reaching sexual partners of HIV positive individuals | • Increased mobile testing for KP & PP | Ongoing                         |
COP17 testing strategy will utilize high yield testing modalities to identify additional positives.

Distribution of Tests:
- VCT: 25%
- Mobile: 8%
- Index: 3%
- Other PITC: 34%
- Inpat: 8%
- ANC: 11%
- TB: 1%
- VMMC: 10%

Distribution of Positives:
- Index: 41%
- Mobile: 15%
- Other PITC: 16%
- VCT: 15%
- Inpat: 4%
- TB: 2%
- ANC: 5%
- VMMC: 2%

34,342 index tests
6,549 index positives
## 2nd 90: Barriers and Strategies

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Strategies</th>
<th>Target/Timeline</th>
</tr>
</thead>
</table>
| • Insufficient documentation on linkage between PITC entry points and ART clinic | • Ensure use of Linkage register  
• Line listing review of patients from HTC to treatment at facility level | 90% HTC-Pos linked to ART by FY18 Q2                                      |
| • Poor follow up of newly identified HIV positives to track their linkage to C&T | • Same day ART initiation  
• Assigning a person responsible to ensure linkage  
• Referral and counter referral mechanism |                                                |
| • Poor retention rates among adolescents, particularly females most notably in Kigali City and Southern Province | • Scale-up adolescent friendly services/Youth Corners in Kigali city  
• Flexible clinic hours  
• Specific adherence/retention support group for adolescent | Adolescent retention from 86% to 90% FY18 Q4                                |
| • Poor retention rates for pregnant/breastfeeding women               | • Increase number of peer educators  
• Community based group support services for pregnant/breastfeeding women | Pregnant/Breastfeeding women retention from 86% to 90% FY18 Q4               |
### 3rd 90: Barriers and Strategies

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Strategies</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low retention rates for pregnant/breast feeding women</td>
<td>• Policy change and enhancement of VL monitoring</td>
<td>95% Retention for pregnant women; FY18 Q2</td>
</tr>
</tbody>
</table>
| VL results available for 76% of eligible HIV clients nationally and 69% in Kigali                                         | • Mentorship of healthcare providers: appropriate VL testing  
• **Proper recording and interpretation of results.**  
• Optimization of current specimen referral and result transmission system  
• Scale up implementation and use of Lab Information System (LIS) and Viral Load Dashboard  
• **Improve coordination, procurement, and distribution procedures**                                                                 | Viral load results available to 90% eligible HIV clients within 7-14 days; FY18 Q2 (Roll out 1st in Kigali)                                      |
Integrated Partner Management Strategy

• FY17 Q1 & Q2
  • Initiated monthly partner meetings and monthly data calls

• FY17 Q3 & Q4
  • Adopt EOC approach with IP & GOR, tracking data to inform integrated program management strategy
  • Bi-weekly IP reporting on:
    • HTC_Pos, Tx_New, Tx_New TA, VMMC
    • Community & facility linkage to ART
  • Monthly joint USG, IP, MoH & MoD data review meetings for Prev/C&T, sharing challenges, best practices & problem solving
  • Sr level participants (Min State Pub Health & Primary Health Care, RBC HIV Div Mgr, USAID Health Dir, CDC CD) for buy-in and accountability
  • Implement immediately (FY17 Q3)
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MoH Partner Management Impact

 CDC messaging to MoH to decrease unnecessary VCT/PITC tests and increase yield

<table>
<thead>
<tr>
<th>FY16-Q1</th>
<th>FY16-Q2</th>
<th>FY16-Q3</th>
<th>FY16-Q4</th>
<th>FY17-Q1</th>
<th>FY17-Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>384697</td>
<td>396692</td>
<td>350414</td>
<td>287611</td>
<td>225892</td>
<td>184939</td>
</tr>
<tr>
<td>0.66% positivity</td>
<td>0.63% positivity</td>
<td>0.74% positivity</td>
<td>0.65% positivity</td>
<td>0.84% positivity</td>
<td>0.84% positivity</td>
</tr>
</tbody>
</table>

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## Impact of CDC Management of MOH IP Through SIMS

<table>
<thead>
<tr>
<th>CEEs</th>
<th>Initial Assessments by CDC staff</th>
<th>IP Follow-Up Assessments (By MOH)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RED</td>
<td>YELLOW</td>
</tr>
<tr>
<td>HIV Testing of Children of Adult Patients</td>
<td>5%</td>
<td>17%</td>
</tr>
<tr>
<td>Nutrition Monitoring</td>
<td>25%</td>
<td>2%</td>
</tr>
<tr>
<td>Systems for Family Planning/HIV Integration</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>Family Planning/HIV Integration Service</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td>Delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Growth Monitoring</td>
<td>20%</td>
<td>1%</td>
</tr>
<tr>
<td>Compliance with National Testing Algorithm</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>and Strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Assurance of HIV Testing Services</td>
<td>31%</td>
<td>5%</td>
</tr>
<tr>
<td>HTC Referrals to HIV Care and Treatment</td>
<td>10%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT**
USAID Partner Management: Utilizing SIMS to improve OVC IP’s performance

<table>
<thead>
<tr>
<th>Process</th>
<th>Challenge</th>
<th>Tracked</th>
<th>Mitigation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conducted Initial SIMS visit among OVC IPs</td>
<td>Low performance across 3 OVC SIMS sections:</td>
<td>Follow up SIMS visits</td>
<td>Communication w/ Activity Manager</td>
<td>Standardized approaches across all IPs and greater coordination</td>
</tr>
<tr>
<td>• SIMS data analysis</td>
<td>• Case mx services</td>
<td>• SIMS data analysis</td>
<td></td>
<td>FY16 SIMS results= 13% Yellow, 18% Red</td>
</tr>
<tr>
<td></td>
<td>• Preventing HIV in Girls</td>
<td>• Feedback with IP</td>
<td>• Monthly IP meetings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Linkage to HIV testing</td>
<td>• IPs encouraged to do self-assessment between SIMS visits</td>
<td>• Partners met other IPs for sharing/learning</td>
<td></td>
</tr>
</tbody>
</table>

RED SIMS Follow Up:

03.01 Case Management Services [OVC]:
• Improve the standard process for identifying/assessing/enrolling the Most Vulnerable Children (MVC) in the community
• Improve the monitoring case/care plan for children and their families;
• Review / update the process for closing files and the transitioning process of children and families from the program support.

03.02 Preventing HIV in Girls [OVC]
• Improve the standard process for identifying girls who are vulnerable to HIV infection
• Improve the prevention services for adolescent girls

3.03 Linkages to HIV Testing [OVC]
• This is closely associated with the Case Management Services.

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
DREAMS and OVC
Province | 10-14 Yrs | 15-19 Yrs | 20-24 Yrs | Total
---|---|---|---|---
Kigali | 4,441 | 8,205 | 3,928 | 16,574
Eastern | 2,182 | 3,244 | 1,000 | 6,426
Southern | 1,777 | 2,551 | 672 | 5,000
Total | 8,400 | 14,000 | 5,600 | 28,000
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Rwanda DREAMS Service Delivery Model

1) FIND
   - DREAMS-like IPs: AEE, Caritas, FXB, GC

2) ASSESS
   - GOR Coordination
   - DOD/MOH VMMC
   - CDC/MOH HTC/ART

3) SERVE
   - DREAMS-like IPs:
     - HIV/STI/Violence Prevention
     - Education Support
     - Case Management
     - Community Mobilization
     - Violence Response
     - Economic Strengthening
     - SRH
     - Parenting

4) TRACK
COP17 DREAMS-like Strategy to Reach AGYW in Rwanda

Reaching the right AGYW

- GBV survivors
- School drop-outs/low attendance
- Engage in transactional and/or intergenerational sex
- **Poor knowledge of HIV**
- Live in a household with HIV positive person
- Ever had a STI
- **Sex workers/children of sex workers**
- Teen moms
- Poor economic status (MVC households)

At the right Identification Points

- KP IPs
- PLHIV networks
- Schools
- Local Leaders
- “Parents’ Evenings”
- “Friends of the Family”
- **Mentor Mothers/Teachers**
- Savings groups
- Farmer Field Schools
- Health clinics

Tracking using unique IDs
Above Site Investments
## Table 6: Overview

### Programmatic Gaps (6.1)

**6.1.1 Inadequate Supply Chain Management capacity to ensure commodity security** ($1,453,279)
- focus on VL result availability

**6.1.2 Need to improve understanding and Targeting of major sources of HIV Positives** ($1,334,05)
- patient registers

### Policy and System Gaps (6.2)

**6.2.1 Need to improve critical systems to achieve and sustain Treat All Implementation** ($472,541)

**6.2.2 Need to improve systems critical to implement and sustain DSD model** ($918,013)
- patient registers

**6.2.3 Lack of effective mechanisms to efficiently measure impact of Test and START and new service delivery models** ($1,512,150)

### Other System Investments (6.3)

- Laboratory - **Inadequate continuous QI of HIV core tests and specialized tests for epidemic control** ($43,800)
  - focus on VL result availability

- **HRH Evaluation** - **Determine impact of PEPFAR funding on HRH capacity on National HIV program** ($3,000,000 Central Funds)

---

Total investment: $5,733,833 (COP)  
$3,000,000 (Central)
Commodities
## Commodities

<table>
<thead>
<tr>
<th>Product</th>
<th>COP16 Investment*</th>
<th>COP17 Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARVs</td>
<td>$16,084,488</td>
<td>$16,705,774</td>
</tr>
<tr>
<td>Rapid test kits</td>
<td>$1,574,036</td>
<td>$1,616,750</td>
</tr>
<tr>
<td>OraSure self test kits</td>
<td>$0</td>
<td>$51,198</td>
</tr>
<tr>
<td>Other drugs</td>
<td>$985,119</td>
<td>$0</td>
</tr>
<tr>
<td>Lab (CD4, VL, other)**</td>
<td>$7,260,040</td>
<td>$4,643,878</td>
</tr>
</tbody>
</table>

**COP16 to COP17 included PEPFAR financial reductions in lab for CD4 due to the implementation of Treat All and focus on commodities needed to overcome viral load result barriers.

*Not included in the breakdown in COP16 is an additional one-time amount of $3,677,180 that was approved to support an additional buffer stock of commodities to roll out multi-month drug prescribing.
Earmarks and Budget Overview
## Annual Investment Profile by Program Area

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Total Expenditure FY16</th>
<th>% PEPFAR</th>
<th>% GF</th>
<th>% GOR</th>
<th>One UN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care, treatment and support; HTS</td>
<td>$61,690,835</td>
<td>36.4%</td>
<td>45.5%</td>
<td>18.1%</td>
<td></td>
</tr>
<tr>
<td>Community-based care</td>
<td>$7,241,158</td>
<td>35.3%</td>
<td>47.0%</td>
<td>17.7%</td>
<td></td>
</tr>
<tr>
<td>PMTCT</td>
<td>$8,342,751</td>
<td>58.5%</td>
<td>13.6%</td>
<td>28.0%</td>
<td></td>
</tr>
<tr>
<td>VMMC</td>
<td>$3,806,466</td>
<td>37.7%</td>
<td>62.3%</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Laboratory; blood safety; IC</td>
<td>$22,758,101</td>
<td>44.2%</td>
<td>52.6%</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Priority population prevention; PEP</td>
<td>$2,694,586</td>
<td>78.9%</td>
<td>21.1%</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>Key population prevention</td>
<td>$3,680,425</td>
<td>58.8%</td>
<td>41.2%</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>OVC</td>
<td>$10,604,608</td>
<td>76.1%</td>
<td>23.9%</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>SI, survey, and surveillance</td>
<td>$1,034,114</td>
<td>13.0%</td>
<td>83.0%</td>
<td>4.0%</td>
<td></td>
</tr>
<tr>
<td>HSS; HRH</td>
<td>$54,792,761</td>
<td>41.5%</td>
<td>43.0%</td>
<td>15.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$178,364,355</strong></td>
<td><strong>43.0%</strong></td>
<td><strong>42.6%</strong></td>
<td><strong>13.5%</strong></td>
<td><strong>1%</strong></td>
</tr>
</tbody>
</table>

**Note:** Depending on the timeframe/data view, Rwanda’s national HIV response is funded roughly 43% PEPFAR, 43% GF, 13% GOR, and 1% other sources using total national HIV program expenditures of $178.4m for GOR fiscal year from July 2015 to June 2016.

---

1 PEPFAR 2016 Expenditure Analysis; National HIV Annual Report, 2015-2016; Rwanda HIV National Strategic Plan 2013-2018. Note that various sources with non-aligned time frames are used for the investment profile analysis. Depending on the timeframe/data view, Rwanda’s national HIV response is funded roughly 43% PEPFAR, 43% GF, 13% GOR, and 1% other sources using total national HIV program expenditures of $178.4m for GOR fiscal year from July 2015 to June 2016.

2 GOR fiscal year 2015/16, July 1, 2015 to June 30, 2016; PEPFAR/USG fiscal year 2016, October 1, 2015 to September 30, 2016; Global Fund implementation from January 1, 2016 to December 31, 2016.
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 Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOD</td>
<td>$2,276,847</td>
<td>$1,086,711</td>
<td>$3,363,558</td>
</tr>
<tr>
<td>HHS/CDC</td>
<td>$27,266,065</td>
<td>$9,644,889</td>
<td>$36,910,955</td>
</tr>
<tr>
<td>USAID</td>
<td>$30,447,691</td>
<td>$9,618,140</td>
<td>$40,065,831</td>
</tr>
<tr>
<td>State</td>
<td>$571,867</td>
<td>--</td>
<td>$571,867</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$20,349,741</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- COP17 Minimum Pipeline Requirement: $18,336,788
- PC will no longer need to apply pipeline per SGAC: $413,563
- HRSA will no longer need to apply pipeline per SGAC: $23,274
Earmark Allocations

• New FY 2017 funds allocated to care and treatment: $35,604,249
  • COP17 requirement: $31,036,648

• New FY 2017 funds allocated to OVC: $5,399,861
  • COP17 requirement: $5,316,723

• New FY 2017 funds allocated to water: $176,000
  • COP17 requirement: $173,000

• New FY 2017 funds allocated to GBV: $526,275
  • COP17 requirement: $415,000
THANK YOU!