



COP 2017 Approval Meeting Out-brief Swaziland

Tuesday, April 25, 2017

Policy Overview

| CLINICAL | PREVENTION |
|--|---|
| <ul style="list-style-type: none">• Test and Start: National policy adopted October 2016<ul style="list-style-type: none">• Same-day initiation• Reflected in Q1 and Q2 results• CommART– differentiated care policy and strategy as of October 2016• Six month clinical visits for stable patients as of October 2016• Three month scripting since 2009• Nurse initiated ART since 2011• Policy for routine VL testing in all populations to start April 1, 2017• HIV self testing pilots planned to inform policy | <ul style="list-style-type: none">• Key Populations (MSM and FSW): included in the national HIV/AIDS strategy• National PrEP Framework developed and approved by MoH |

The background features a dark blue world map with a subtle grid. On the right side, there is a large, stylized red ribbon graphic that loops and overlaps itself, creating a sense of movement and depth. The text "Results to Date" is centered in a clean, white, sans-serif font.

Results to Date

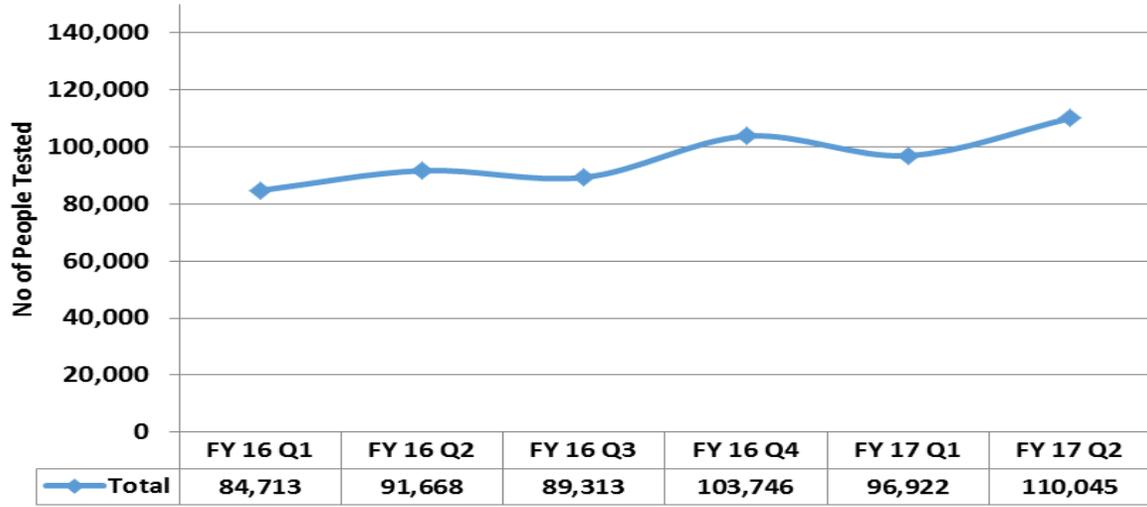
Preliminary Q2 Results for Key Indicators

| Indicator | FY17 Target | FY17 Q1 Results | FY17 Q2 Results | FY17 Total Results | % of Target | Yield |
|-----------------------|-------------|-----------------|-----------------|--------------------|-------------|-------|
| HTC | 237,130 | 96,268 | 110,045 | 206,313 | 87% | |
| HTC_POS | 23,749 | 5,964 | 7,056 | 13,020 | 55% | 6% |
| TX_NEW | 30,452 | 6,484 | 6,265 | 12,749 | 42% | |
| TX_CURR | 152,566 | 140,776 | 149,532 | 149,532 | 98% | |
| VMMC | 18,616 | 2,713 | 3,504 | 6,217 | 33% | |
| VMMC 15 -29 Years (n) | 13,428 | 1,402 | 1,121 | 2,523 | 19% | |
| PMTCT_STAT | 28,781 | | 12,377 | 12,377 | 43% | |
| PMTCT_ART | 9,386 | | 3,822 | 3,822 | 41% | |
| PMTCT_EID | 9,559 | | 3,616 | 3,616 | 38% | |
| OVC_SERV | 61,464 | | 57,338 | 57,338 | 107% | |
| KP_PREV | 7,900 | | 2,608 | 2,608 | 33% | |
| PP_PREV | 107,816 | | 86,108 | 86,108 | 80% | |

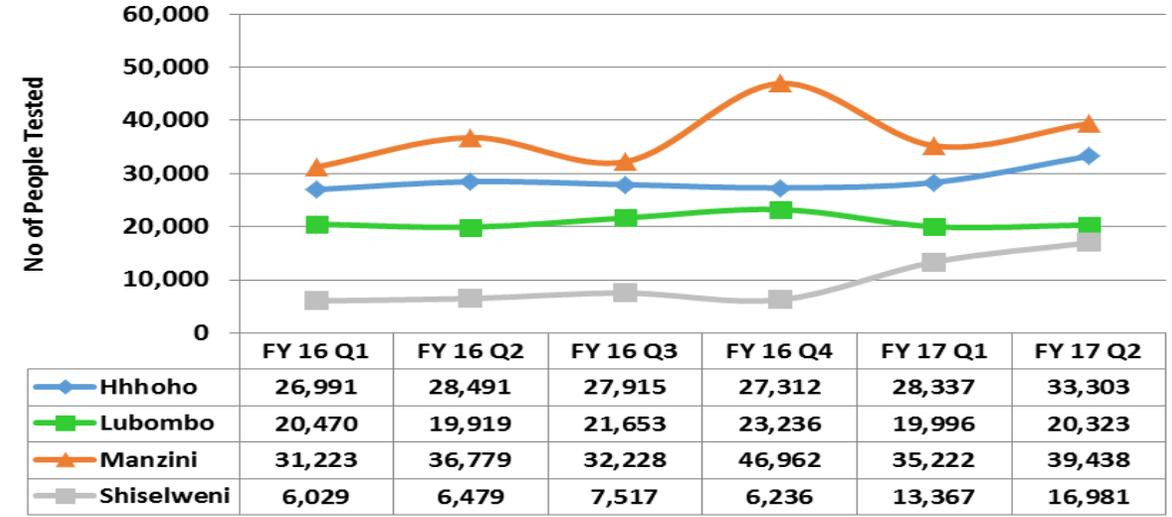
*All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at <http://data.pepfar.net>.

HTC Quarterly Results - Trends

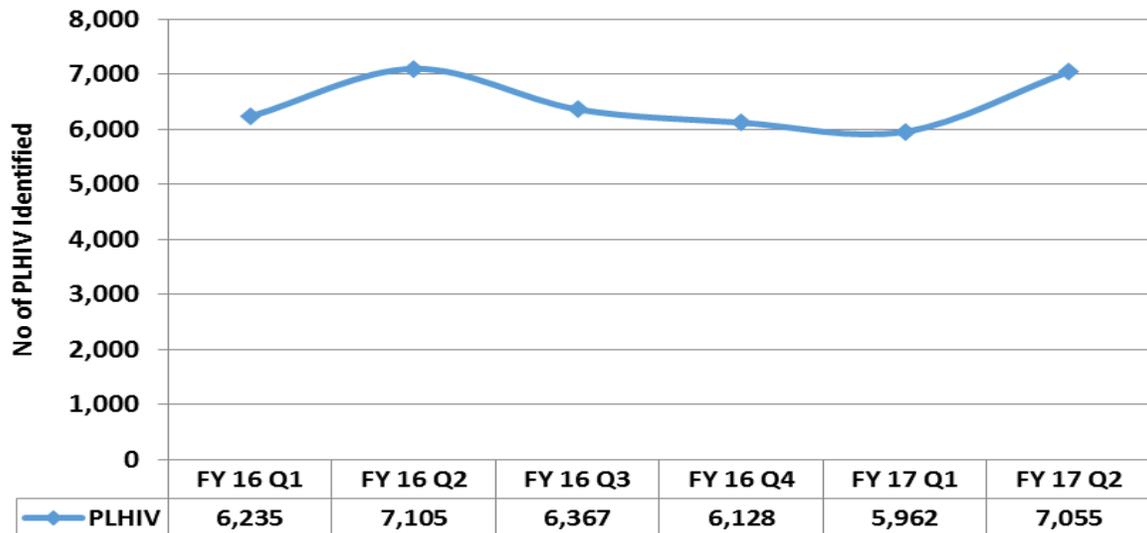
Trend of HTC_TST



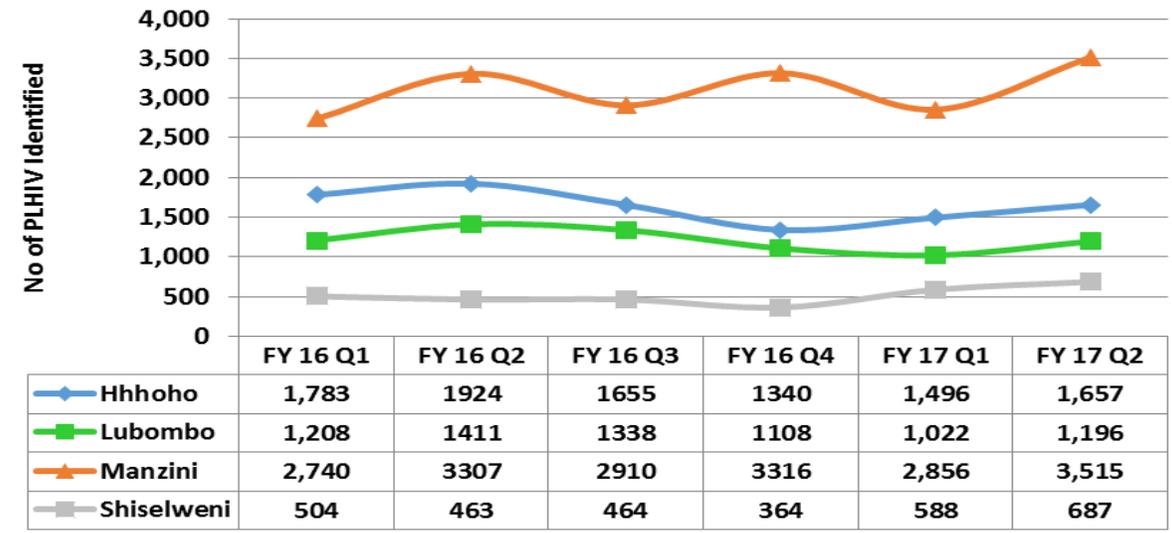
Trend of HTC_TST by Region



Trend of HTC_TST_POS

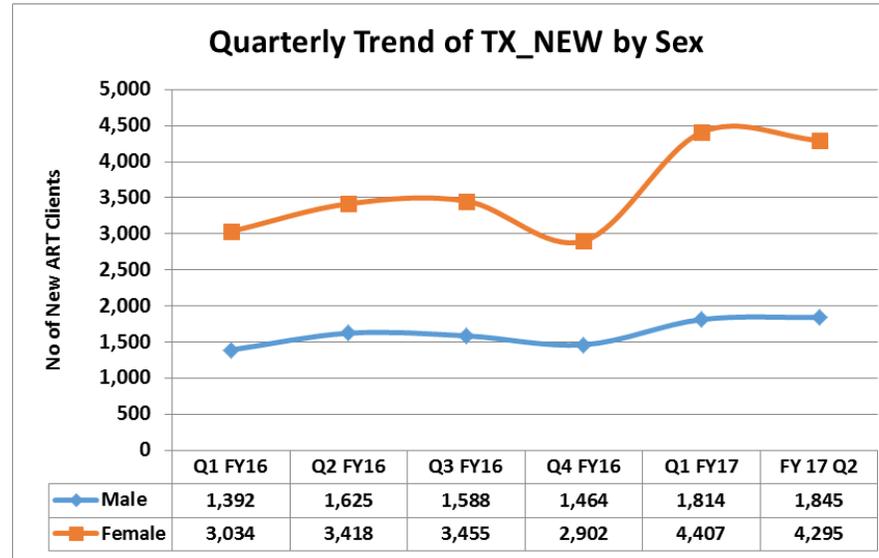


Trend of HTC_TST_POS by Region

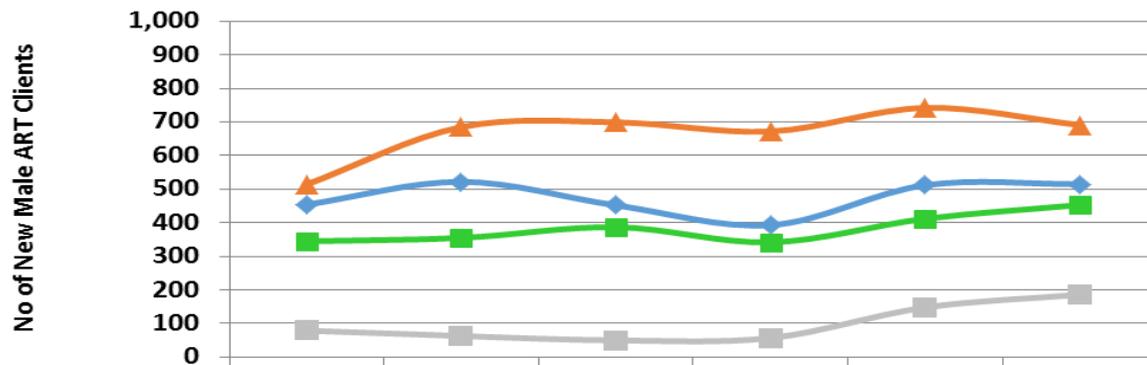


TX_NEW Quarterly Results - Trends by Sex

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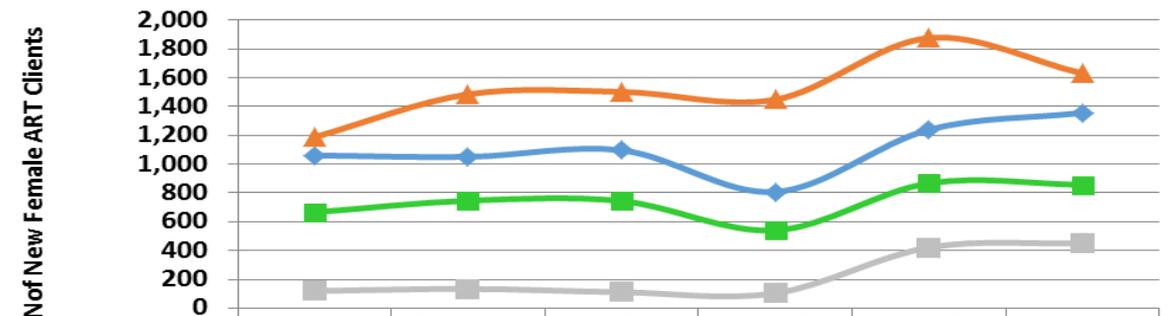


Quarterly Trend of TX_NEW for Males by Region



| | | | | | | |
|--------------|-----|-----|-----|-----|-----|-----|
| ◆ Hhhoho | 454 | 522 | 452 | 393 | 512 | 515 |
| ■ Lubombo | 345 | 355 | 387 | 342 | 412 | 453 |
| ▲ Manzini | 514 | 685 | 699 | 672 | 742 | 691 |
| ■ Shiselweni | 79 | 63 | 50 | 57 | 148 | 186 |

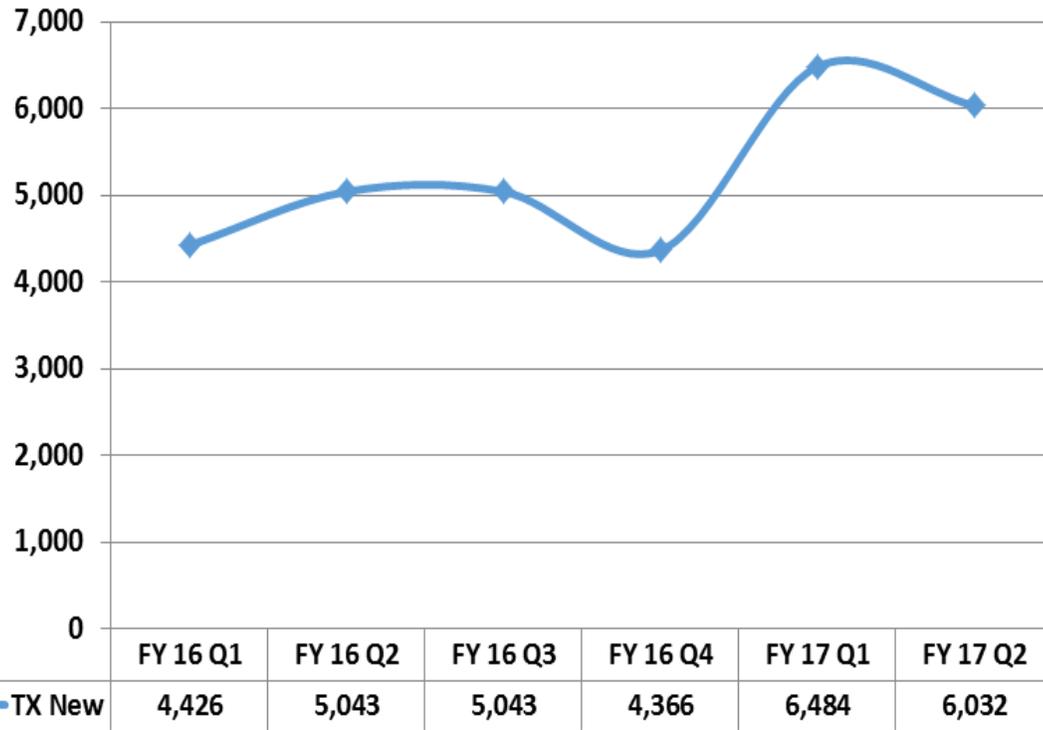
Quarterly Trend of TX_NEW for Females by Region



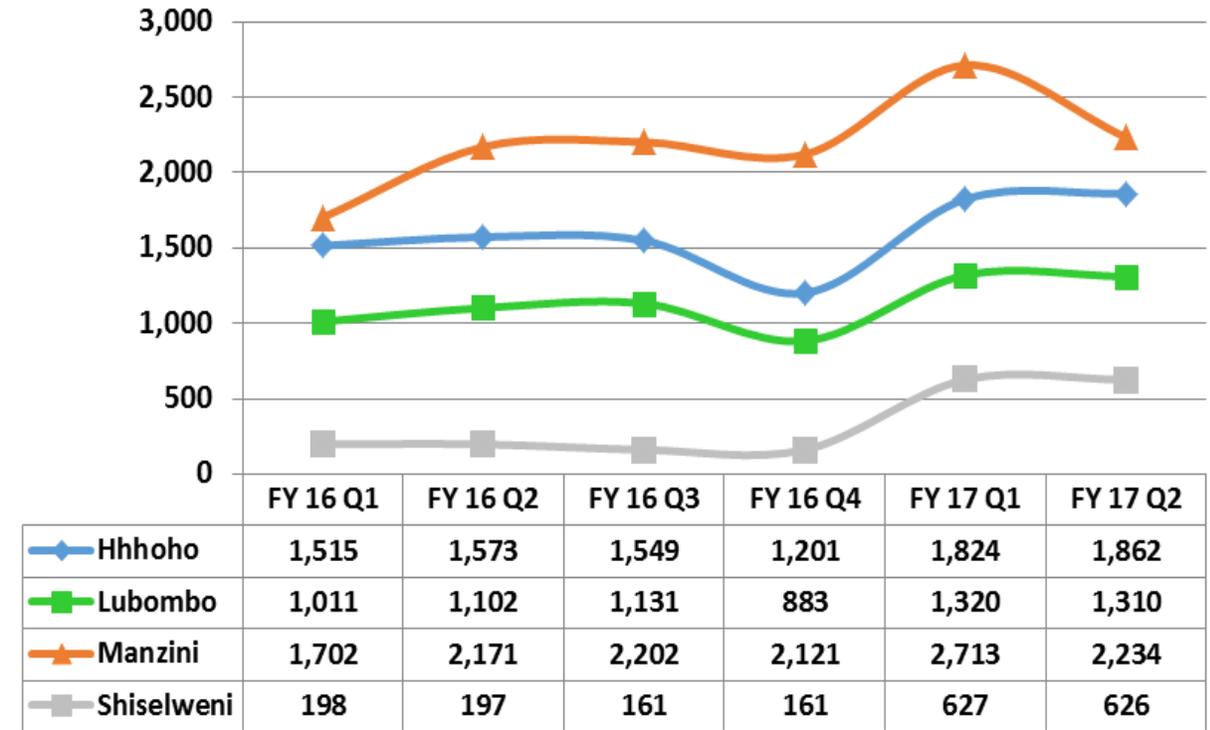
| | | | | | | |
|--------------|-------|-------|-------|-------|-------|-------|
| ◆ Hhhoho | 1,061 | 1,051 | 1,097 | 808 | 1,240 | 1,357 |
| ■ Lubombo | 666 | 747 | 744 | 541 | 868 | 857 |
| ▲ Manzini | 1,188 | 1,486 | 1,503 | 1,449 | 1,877 | 1,630 |
| ■ Shiselweni | 119 | 134 | 111 | 104 | 422 | 451 |

TX_NEW Quarterly Results - Trends by Region

Quarterly Trend of TX_NEW



Quarterly Trend of TX_NEW by Region

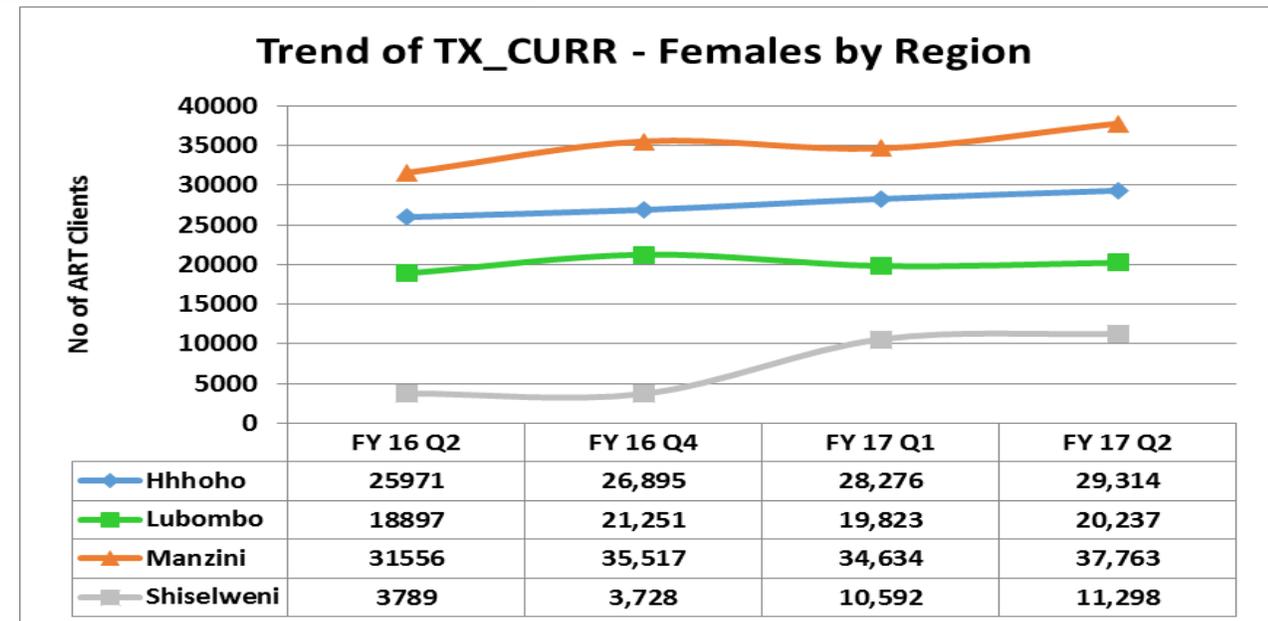
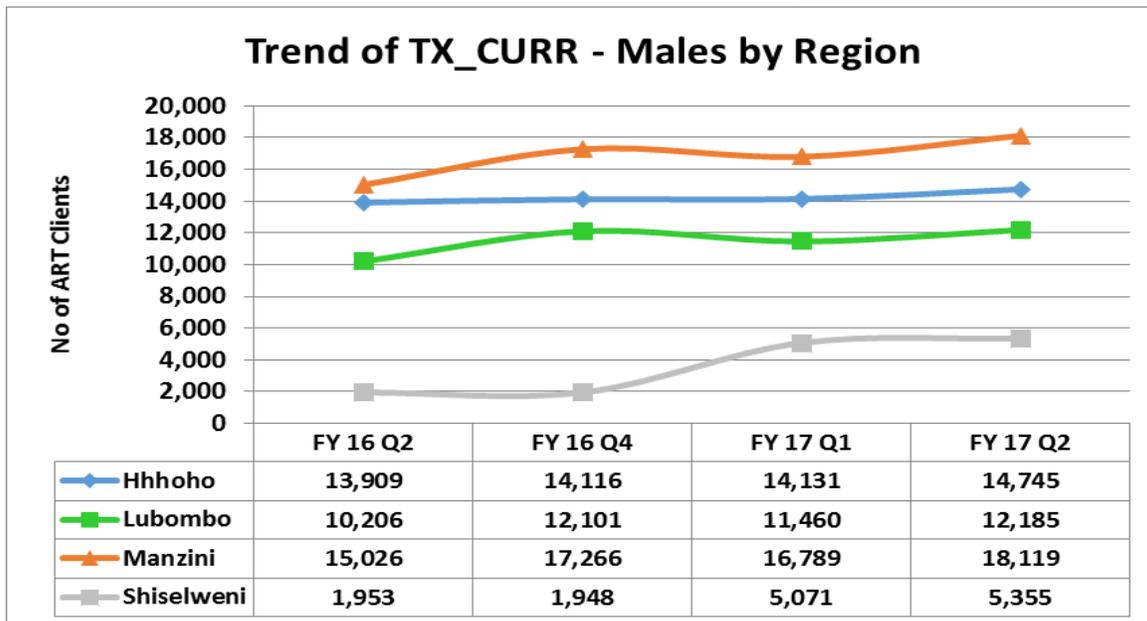
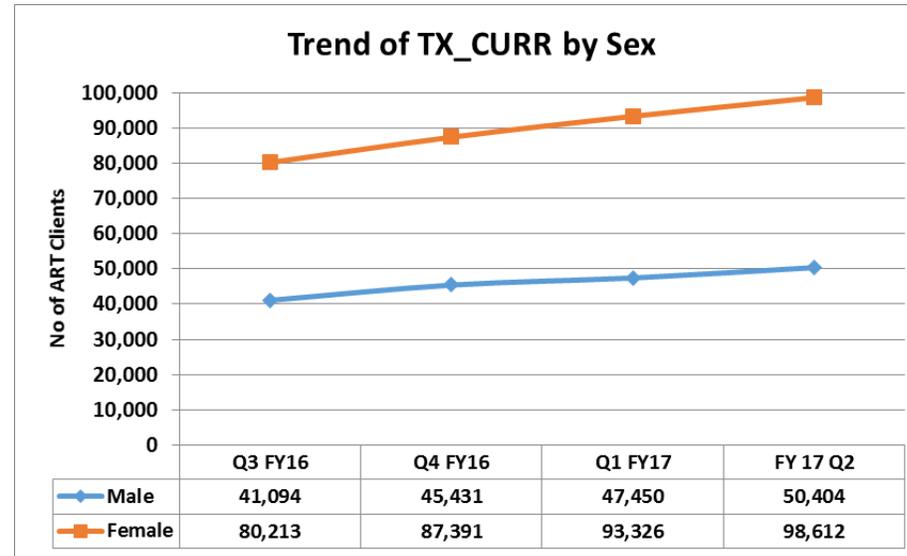


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A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

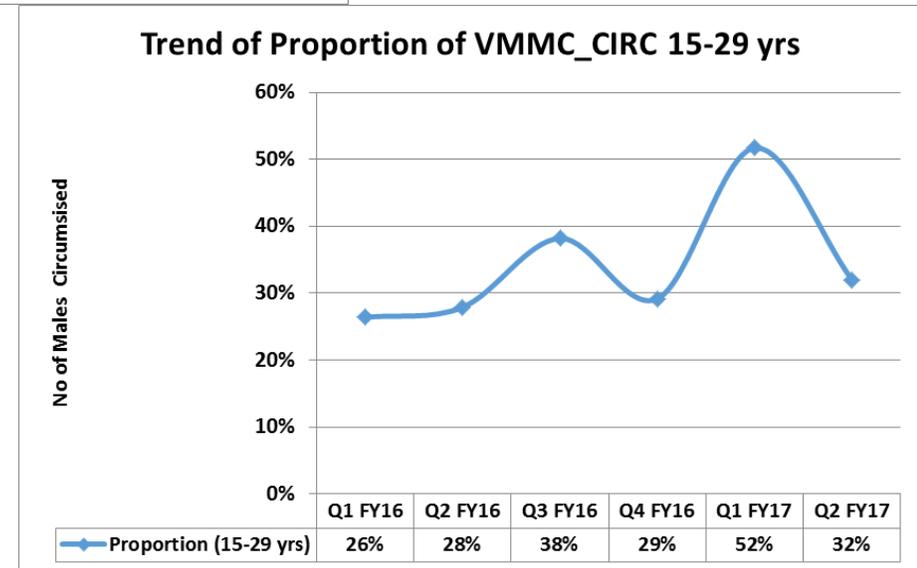
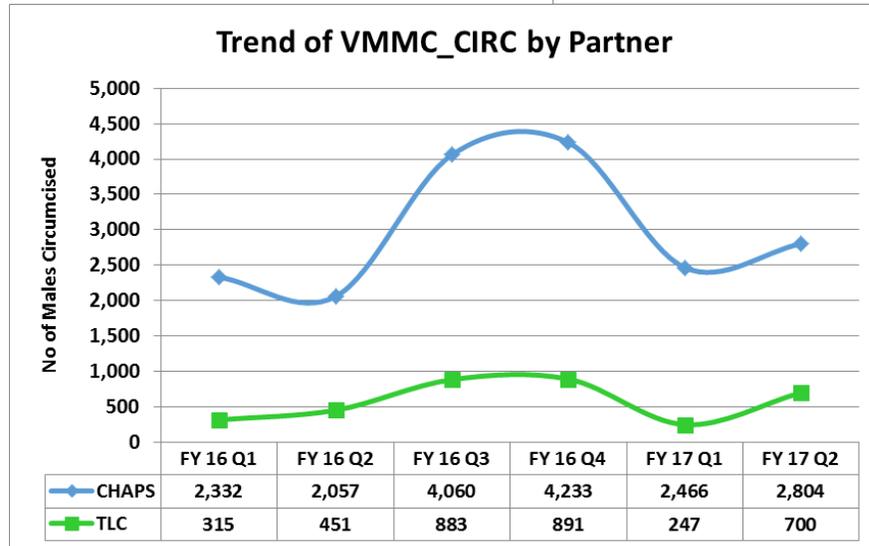
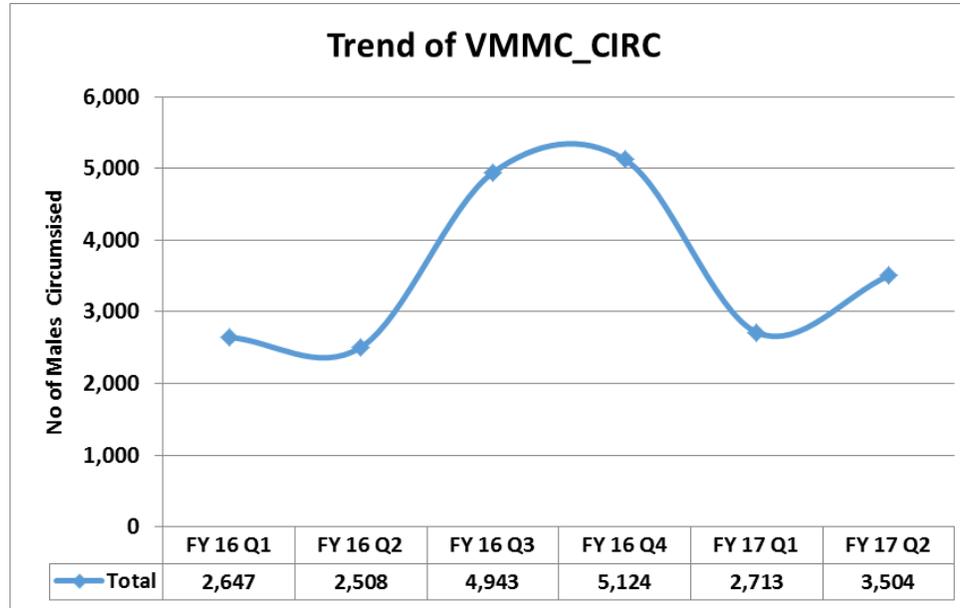
TX_CURR Quarterly Results - Trends by Sex

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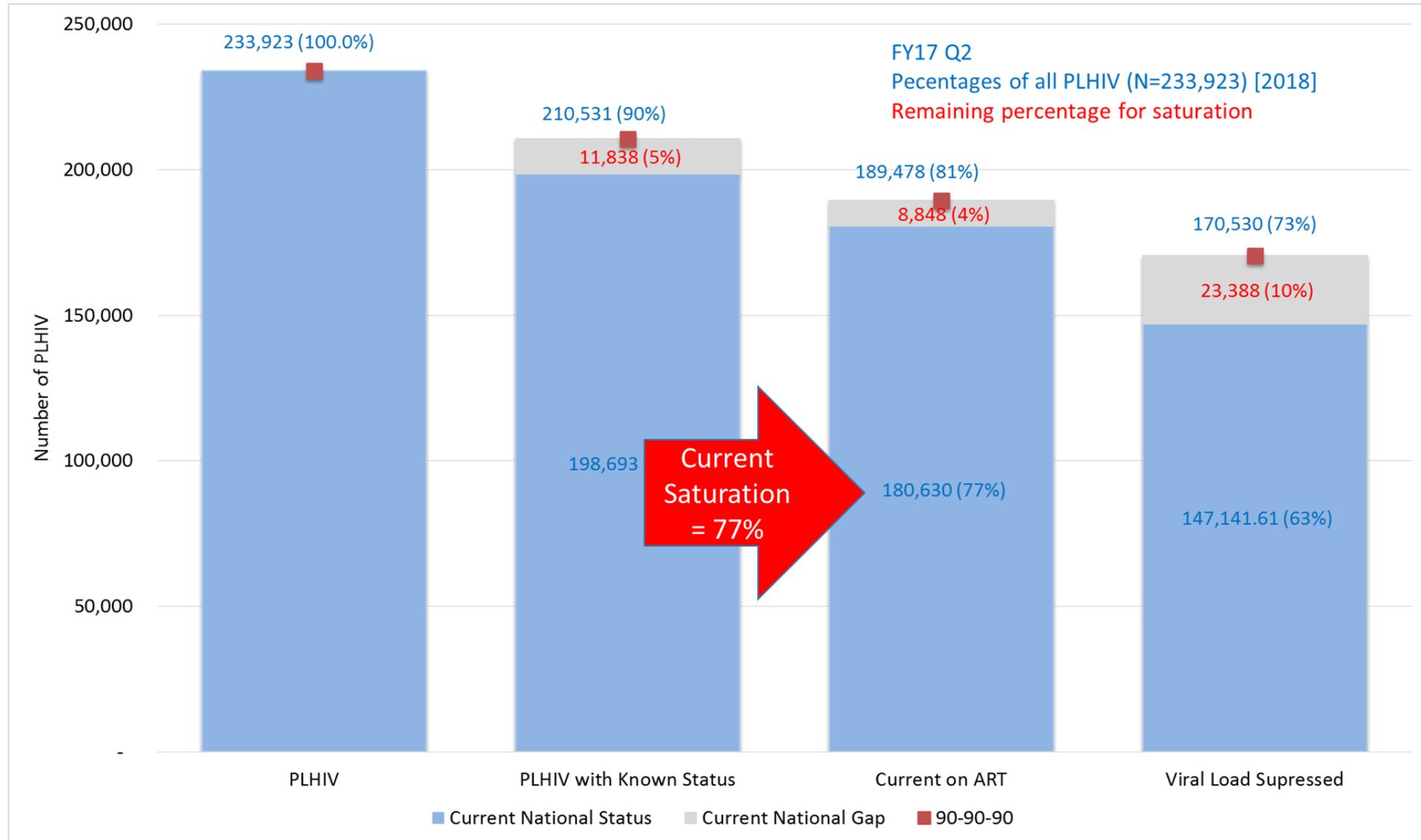
VMMC_CIRC Quarterly Results - Trends

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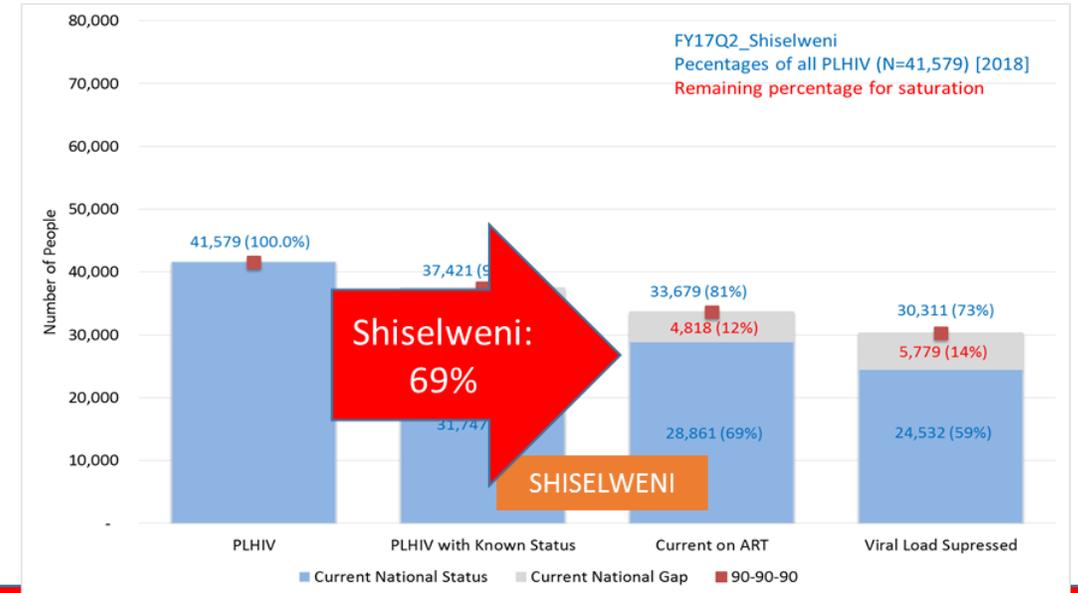
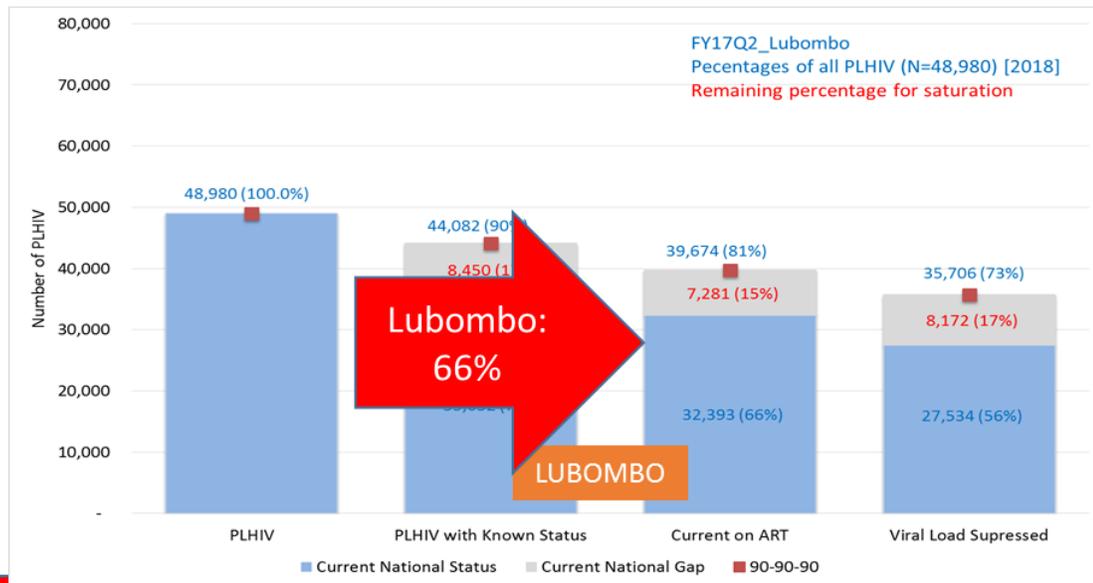
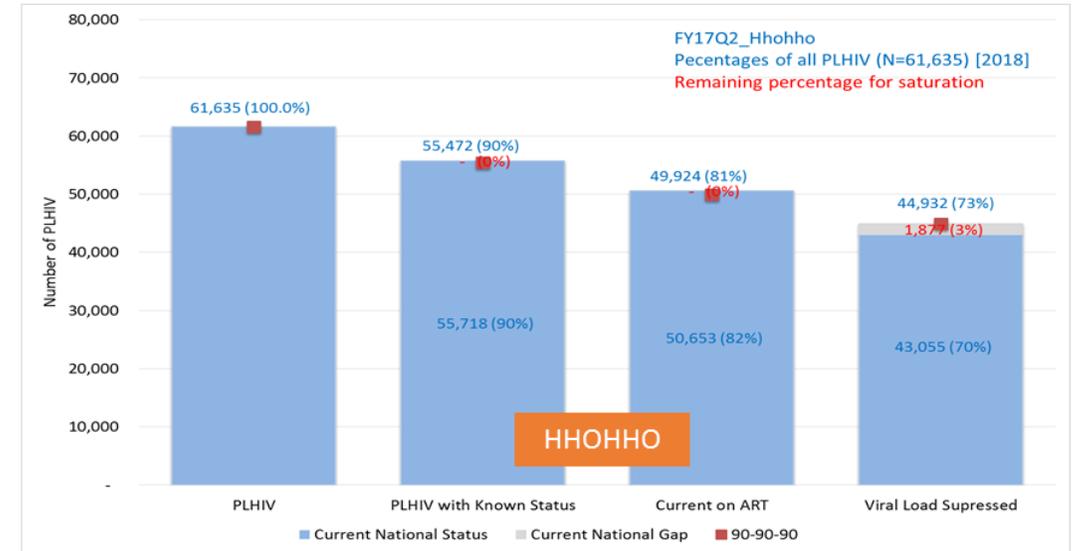
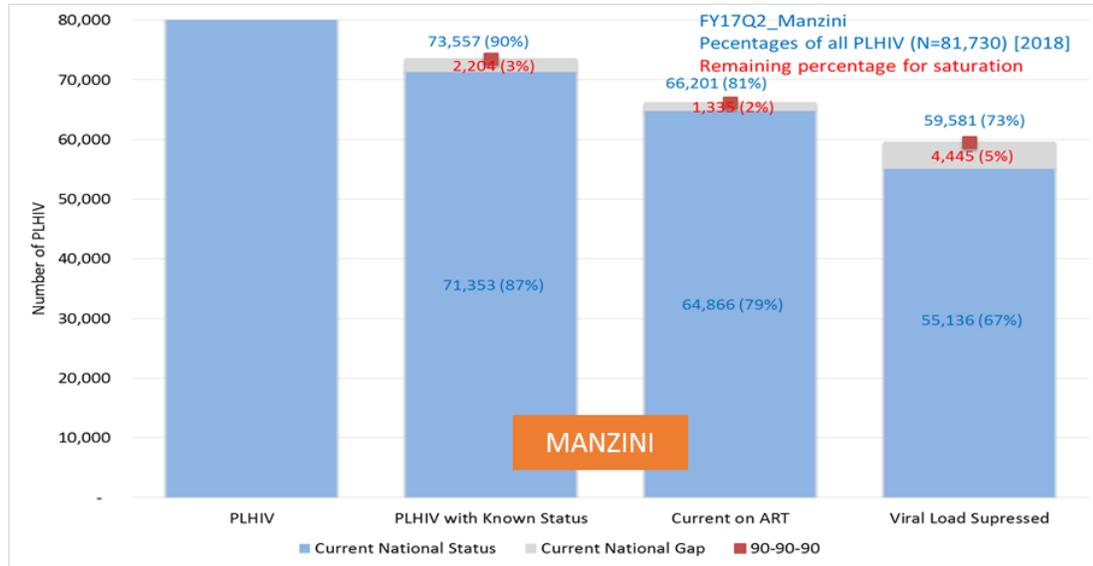


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COP 2016 Q2: Clinical Cascades



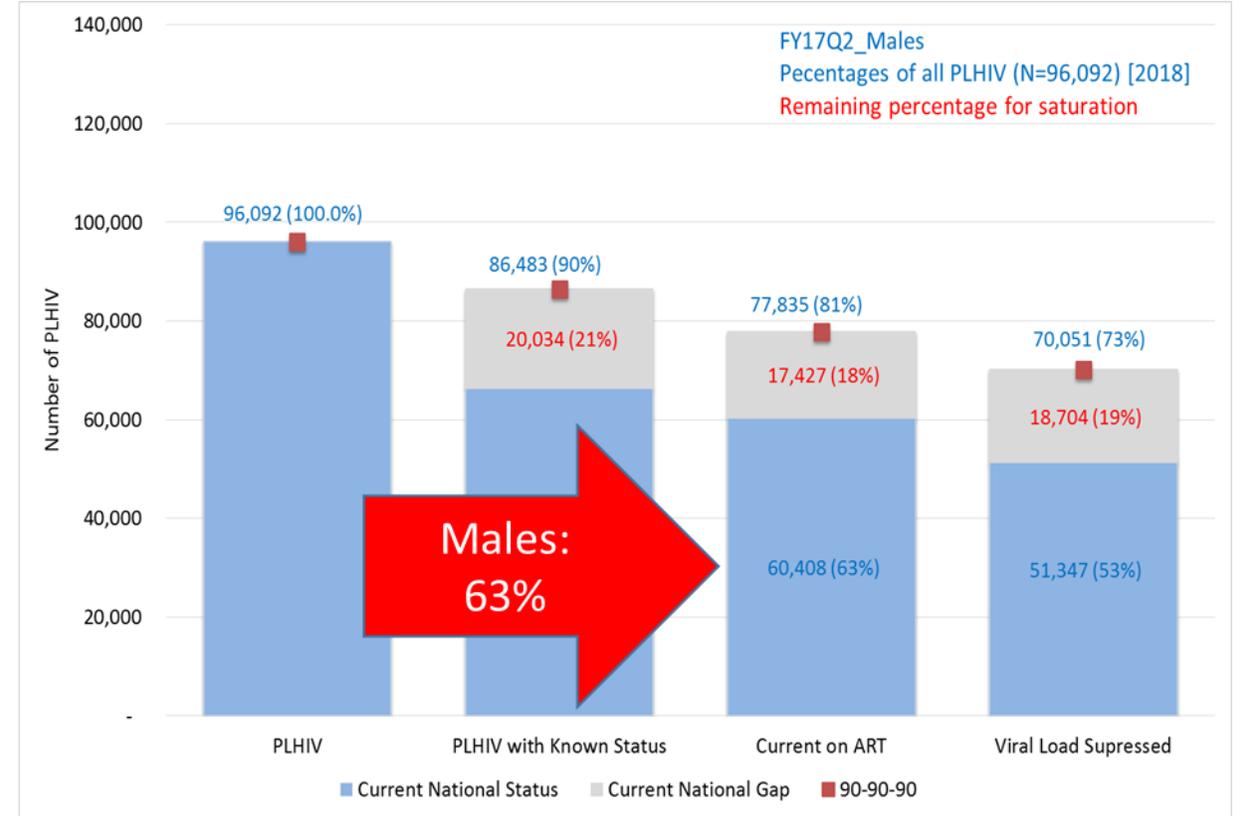
COP 2016 Q2: Cascades by Region



COP 2016 Q2: Cascades by Sex



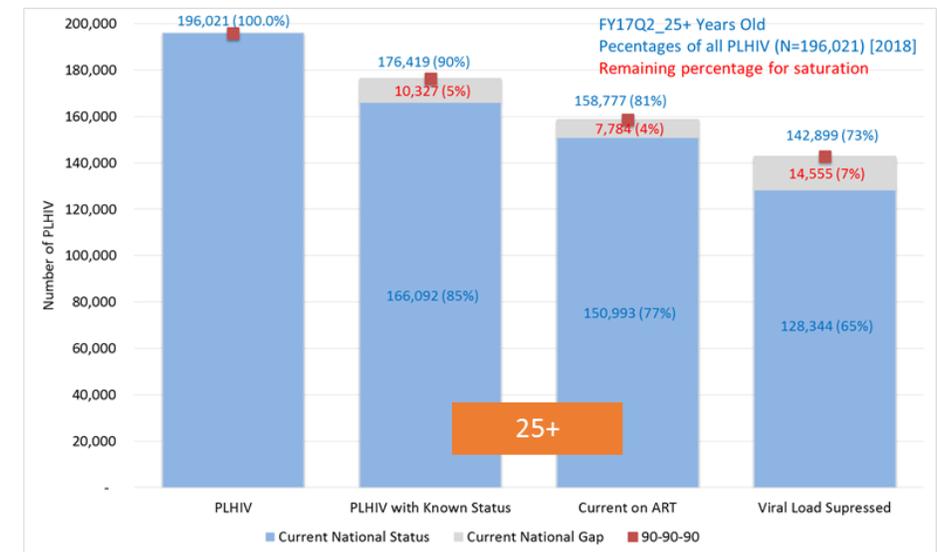
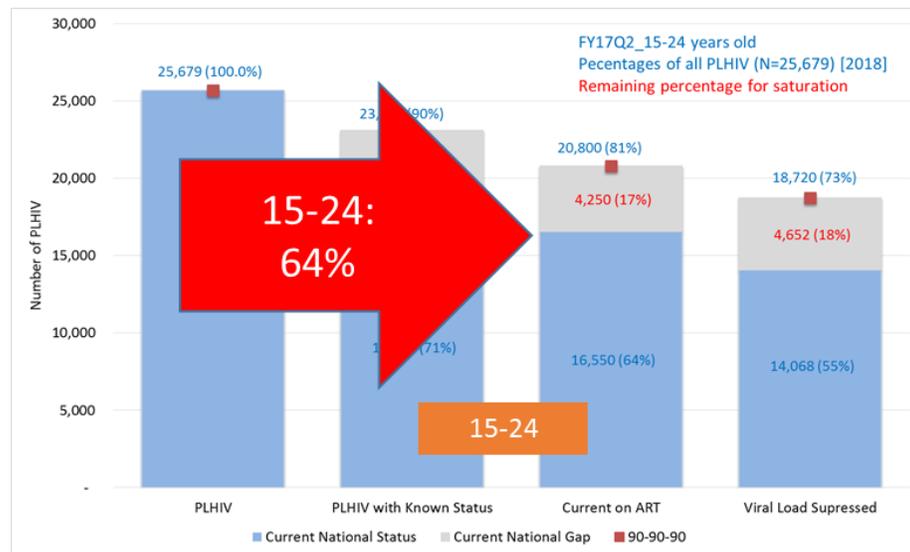
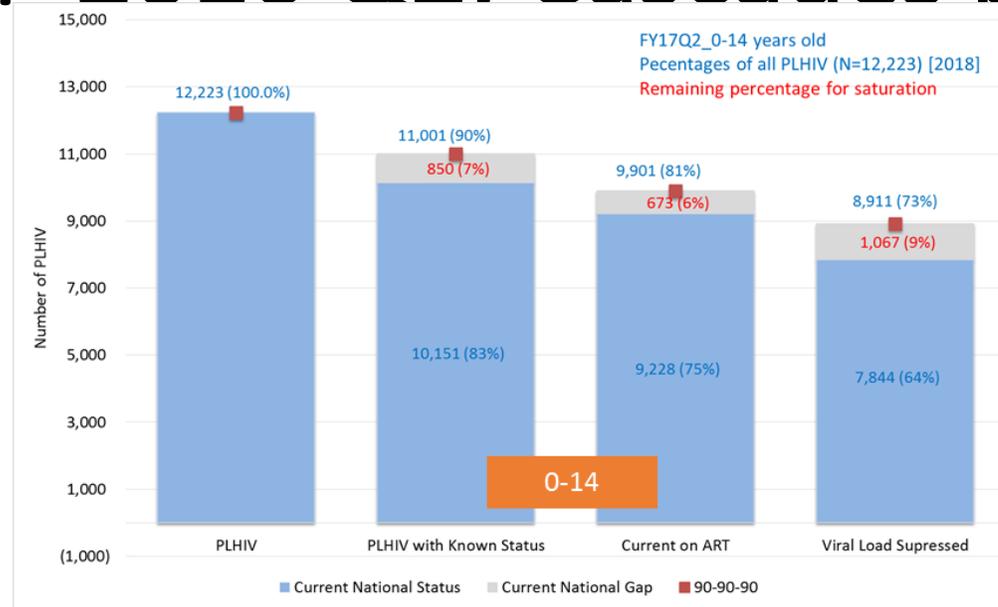
FEMALE



MALE

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COP 2016 Q2: Cascades by Age



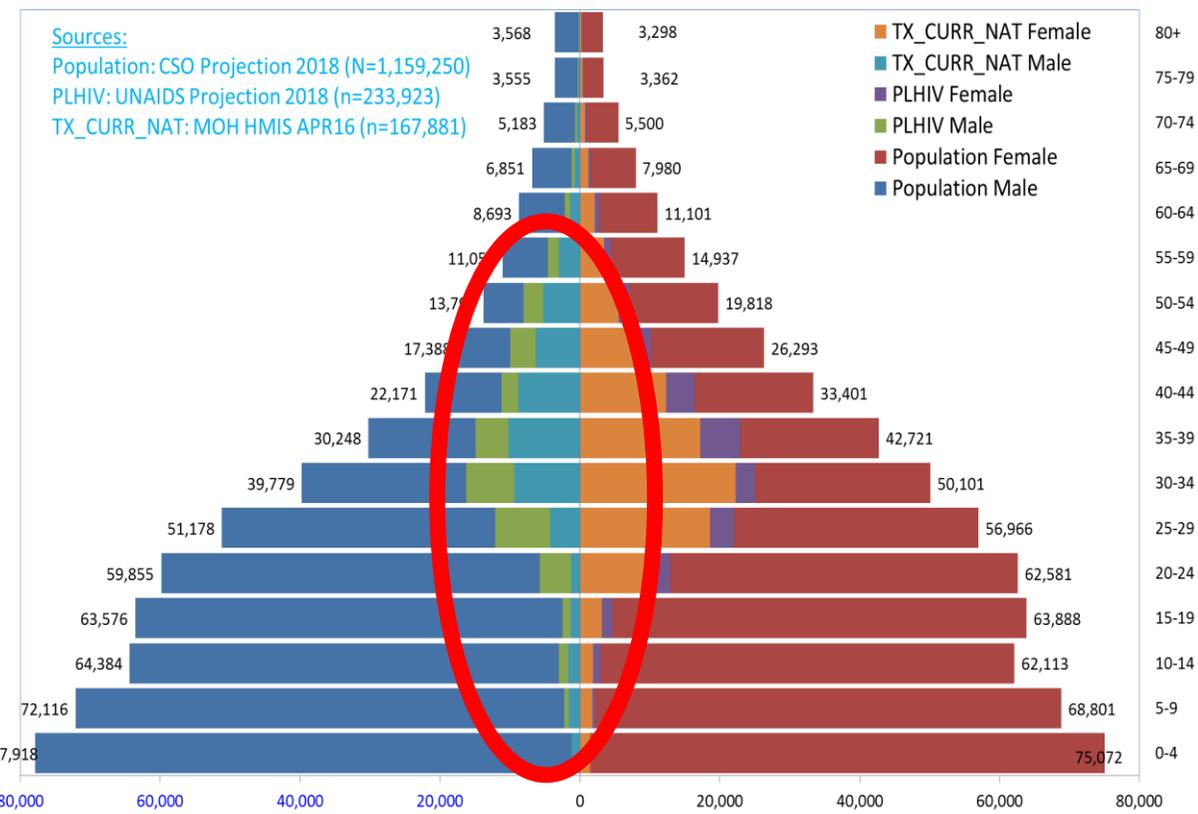
The Path to “Attained”: COP 2015 – End of COP 2017

Population, PLHIV, & TX_CURR Pyramid, Swaziland, APR16

Sources:

Population: CSO Projection 2018 (N=1,159,250)
 PLHIV: UNAIDS Projection 2018 (n=233,923)
 TX_CURR_NAT: MOH HMIS APR16 (n=167,881)

TX_CURR_NAT Female
 TX_CURR_NAT Male
 PLHIV Female
 PLHIV Male
 Population Female
 Population Male

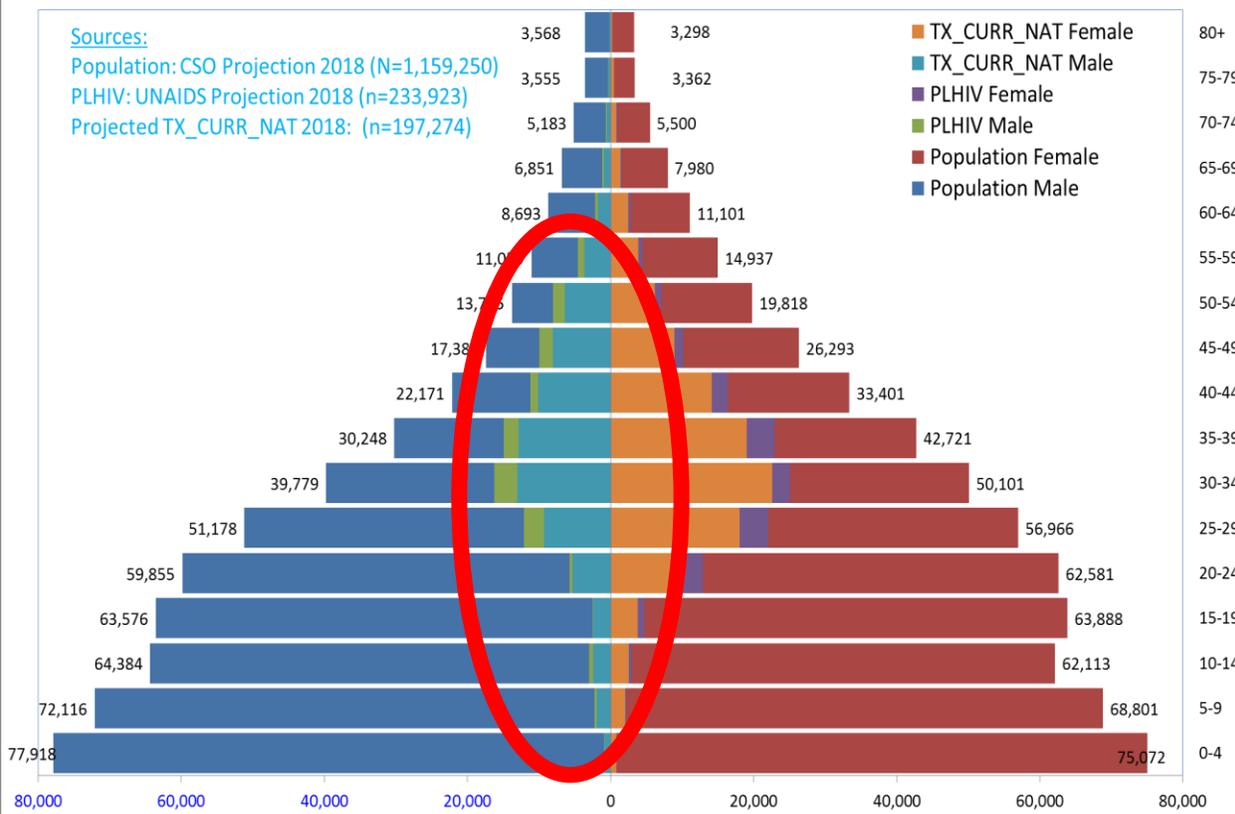


Population, PLHIV, & TX_CURR Pyramid, Swaziland, End of COP17

Sources:

Population: CSO Projection 2018 (N=1,159,250)
 PLHIV: UNAIDS Projection 2018 (n=233,923)
 Projected TX_CURR_NAT 2018: (n=197,274)

TX_CURR_NAT Female
 TX_CURR_NAT Male
 PLHIV Female
 PLHIV Male
 Population Female
 Population Male



Current Saturation and Gap Needed to Reach $\geq 81\%$ on ART by Age, Sex, and Region

| | Manzini | | | | Hhohho | | | | Lumbombo | | | | Shiselweni | | | | National | | | | | |
|--------------|--------------|------------|------------|------------|--------------|------------|------------|------------|--------------|------------|--------------|------------|--------------|------------|------------|------------|---------------|------------|--------------|------------|---------------|------------|
| | Male | | Female | | Male | | Female | | Male | | Female | | Male | | Female | | Male | | Female | | Total | |
| Age | Gap | % | Gap | % | Gap | % | Gap | % | Gap | % | Gap | % | Gap | % | Gap | % | Gap | % | Gap | % | Gap | % |
| 0-14 | 199 | 72% | 56 | 78% | 283 | 64% | 192 | 69% | 136 | 70% | 60 | 80% | 39 | 86% | 19 | 94% | 656 | 72% | 328 | 79% | 984 | 75% |
| 15-24 | 1,364 | 34% | 307 | 76% | 1,758 | 25% | 147 | 87% | 868 | 31% | 48 | 97% | 709 | 33% | 47 | 83% | 4,698 | 30% | 550 | 84% | 5,248 | 64% |
| 25+ | 3,545 | 69% | 253 | 91% | 1,023 | 76% | 496 | 93% | 3,903 | 58% | 2,775 | 70% | 3,700 | 56% | 690 | 78% | 12,171 | 66% | 4,214 | 85% | 16,385 | 77% |
| Total | 5,108 | 66% | 617 | 89% | 3,064 | 69% | 835 | 91% | 4,906 | 57% | 2,883 | 73% | 4,447 | 56% | 756 | 79% | 17,525 | 63% | 5,091 | 84% | 22,616 | 76% |

LEGEND:

| % Saturation | | Number Need for $\geq 81\%$ Saturation | |
|--------------|-------------|--|-----------|
| GREEN | $\geq 81\%$ | WHITE | 19-116 |
| YELLOW | 60-80% | LT BLUE | 117-295 |
| ORANGE | 40-59% | BLUE | 296-1108 |
| RED | <40% | PURPLE | 1109-3902 |

Numerator: TX_CURR_NAT (APR16) + TX_NEW (COP 2016Q2)

Denominator: PLHIV 2018

Impact over time: TX_NEW and TX_CURR Details

| COP 2017 Priority | COP 2016 # of SNU's | TX_NEW: APR 2016 Achievement | TX_CURR: APR16 Achievement | TX_NEW: FY 2017 Target | TX_CURR: FY 2017 Target | COP 2017 # of SNU's | TX_NEW: COP 2017 Target (APR 2018) | TX_CURR: COP 2017 Target (APR 2018) | Net New: COP 2017 |
|------------------------|---------------------|------------------------------|----------------------------|-------------------------|-------------------------|---------------------|------------------------------------|-------------------------------------|-------------------|
| | | | | FY 2017 Results to-date | FY 2017 Results to-date | | | | |
| Scale up to Saturation | 4 | 18,878 | 133,139 | 30,452 | 152,566 | 4 | 34,086 | 163,041 | 10,745 |
| | | | | 12,749 | 149,532 | | | | |

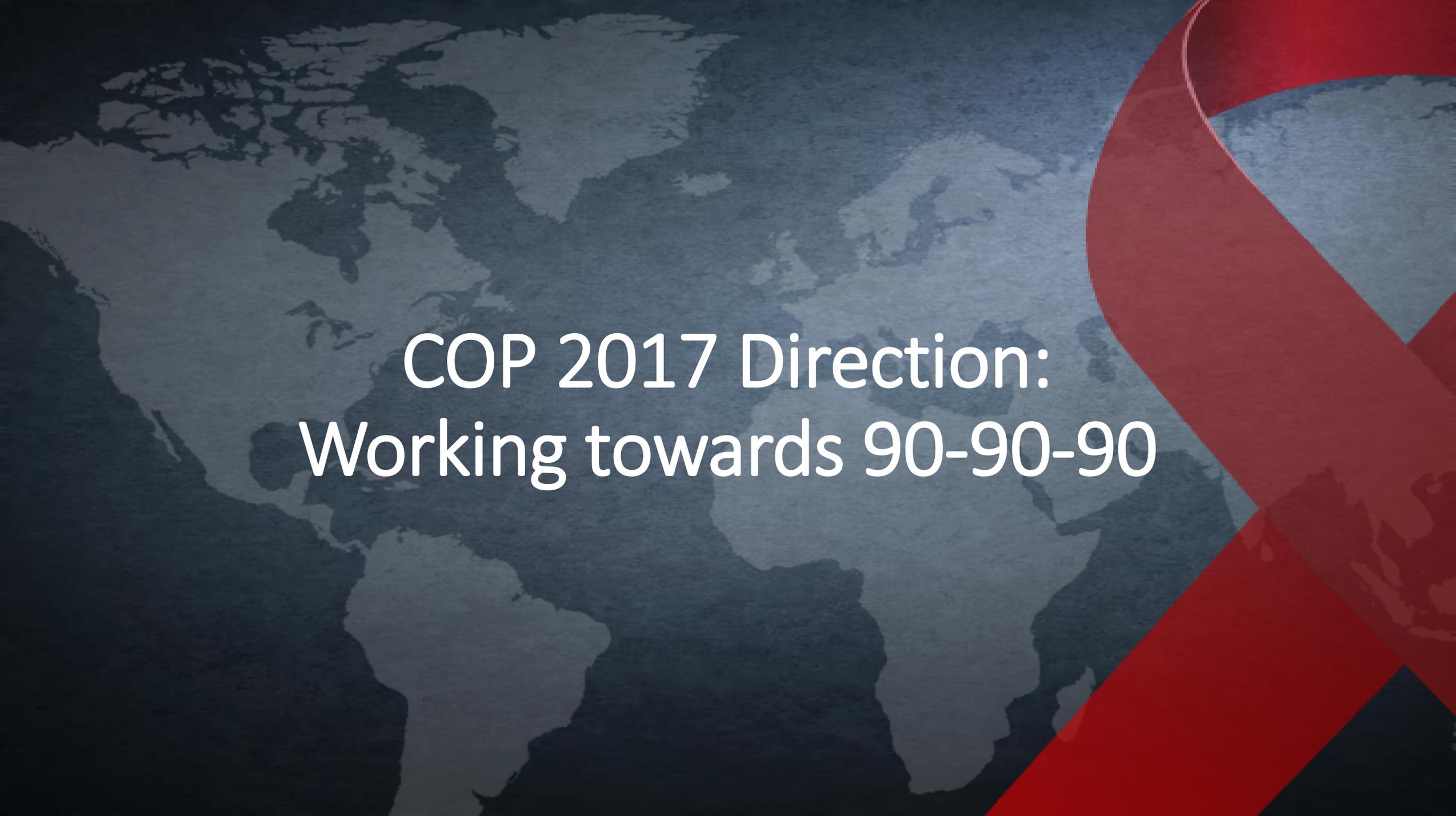
COP 2017 Summary Targets

| | TX_NEW | TX_CURR | HTC_TST | HTC_TST_POS | OVC_SERV | KP_PREV | PP_PREV | VMMC |
|---------------------------------------|---------------|----------------|----------------|--------------------|-----------------|----------------|----------------|---------------|
| TOTAL (all Saturation) | 32,909 | 159,614 | 340,944 | 34,757 | 64,682 | 10,777 | 112,385 | 21,239 |

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Stakeholder Input to inform COP 2017 Planning

| Included in SDS | | Not Included |
|---|---|---|
| <p>Engage men in the response.</p> <ul style="list-style-type: none"> • Male friendly and accessible services • include adolescent boys 10-19 | <p>Strengthen Community Systems</p> <ul style="list-style-type: none"> • Leadership • Planning, coordination, data use and outcome monitoring • Demand creation and facilitate access to services | <p>Improve infrastructure of over crowded facilities</p> <ul style="list-style-type: none"> • PEPFAR funding can not support infrastructure |
| <p>AGYW Programming</p> <ul style="list-style-type: none"> • Coordination • Adapted messages and approaches • Vocational training | <p>Support CommArt</p> <ul style="list-style-type: none"> • Support access and PLHIV networks • Communities empowered and have tools to support adherence | <p>Support all national public facility sites</p> <ul style="list-style-type: none"> • PEPFAR not focusing on low volume sites |
| <p>Key Populations support</p> <ul style="list-style-type: none"> • Broaden and more inclusive reach • Improve quality, access • Continue to address stigma | <p>Etiologies for Syndromic approach</p> <p>Support for Pharm Techs</p> | <p>Advocacy to engage MoET to reduce implementation barriers</p> <ul style="list-style-type: none"> • Other agencies have comparative advantage |



COP 2017 Direction:
Working towards 90-90-90

First 90: Key Interventions for COP 2017

| | | Population Served | | | |
|------------|---|--|--|---|---|
| | | Peds | AGYW/ OVC | Men 15-19 | Men 20-39 |
| | Prevention | <ul style="list-style-type: none"> • PMTCT • Mentor mother • Incentives | <ul style="list-style-type: none"> • DREAMS package • PrEP* • Condoms | <ul style="list-style-type: none"> • Youth friendly services • VMMC • Condoms | <ul style="list-style-type: none"> • Engagement through traditional structure • VMMC • Condoms |
| | | <ul style="list-style-type: none"> • Community outreach • Mentor mother | <ul style="list-style-type: none"> • DREAMS on Wheels • Youth friendly | <ul style="list-style-type: none"> • CommLink • Youth friendly services | <ul style="list-style-type: none"> • CommLink • Male friendly services • Index testing |
| HTC | <ul style="list-style-type: none"> • Community outreach • Mentor mother • Index testing • Testing among OVC and children of KPs | <ul style="list-style-type: none"> • DREAMS on Wheels • Youth friendly services • Index testing | <ul style="list-style-type: none"> • CommLink • Youth friendly services • Index testing | <ul style="list-style-type: none"> • CommLink • Male friendly services • Index testing • Engagement through traditional structure • Workplace engagement | |

Reaching the First 90: Strategies

Key Decisions

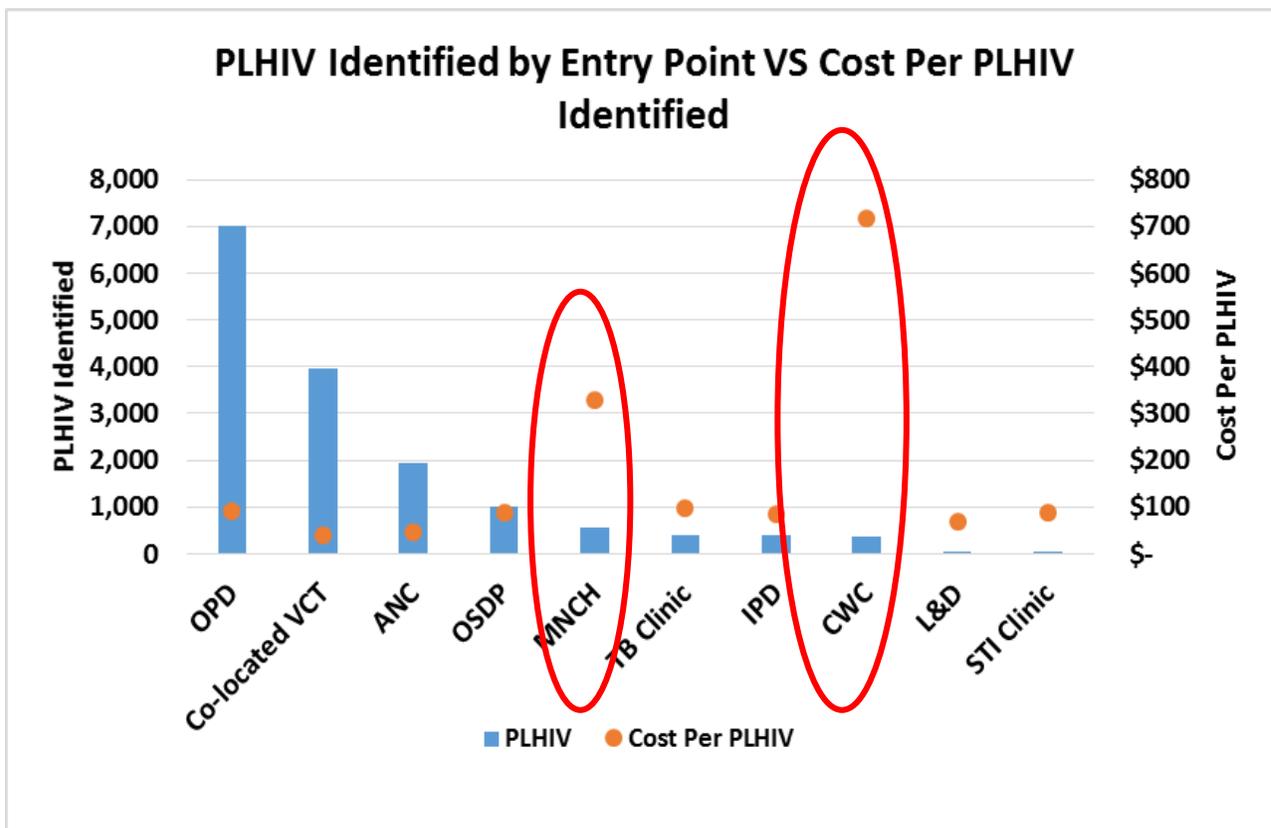
- All SNUs are scale up and are targeted to reach Attained by end of COP 2017

Strategic Direction

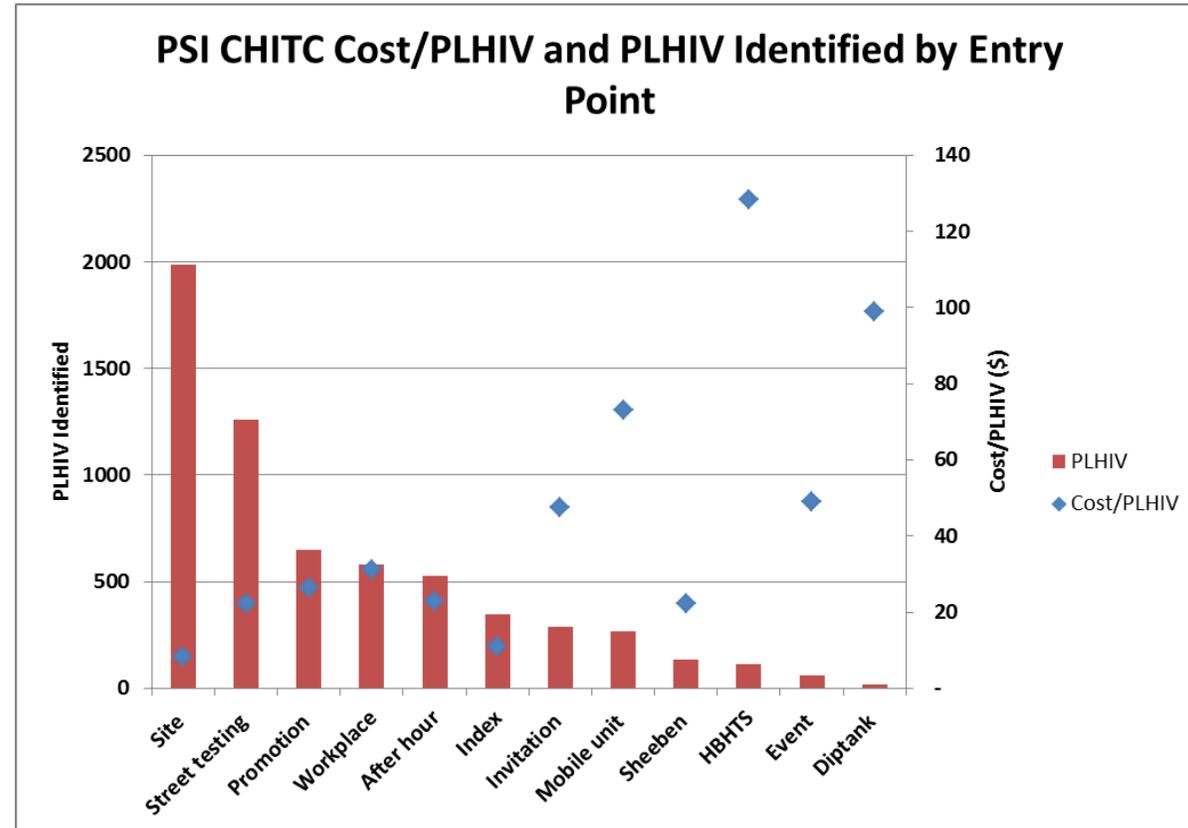
- Improved case finding by **sex** and **age** bands:
 - Men 20-39
 - Women aged 15-29
 - Children <15
- Scale up **index testing**
- Scale up **HIVST**
- Improve **linkage** to treatment
- Strengthen **collaboration** between PEPFAR community and clinical partners (as well as non-PEPFAR partners)

Volume vs. Cost Analysis

Facility and Community-Based HTS – COP 2015



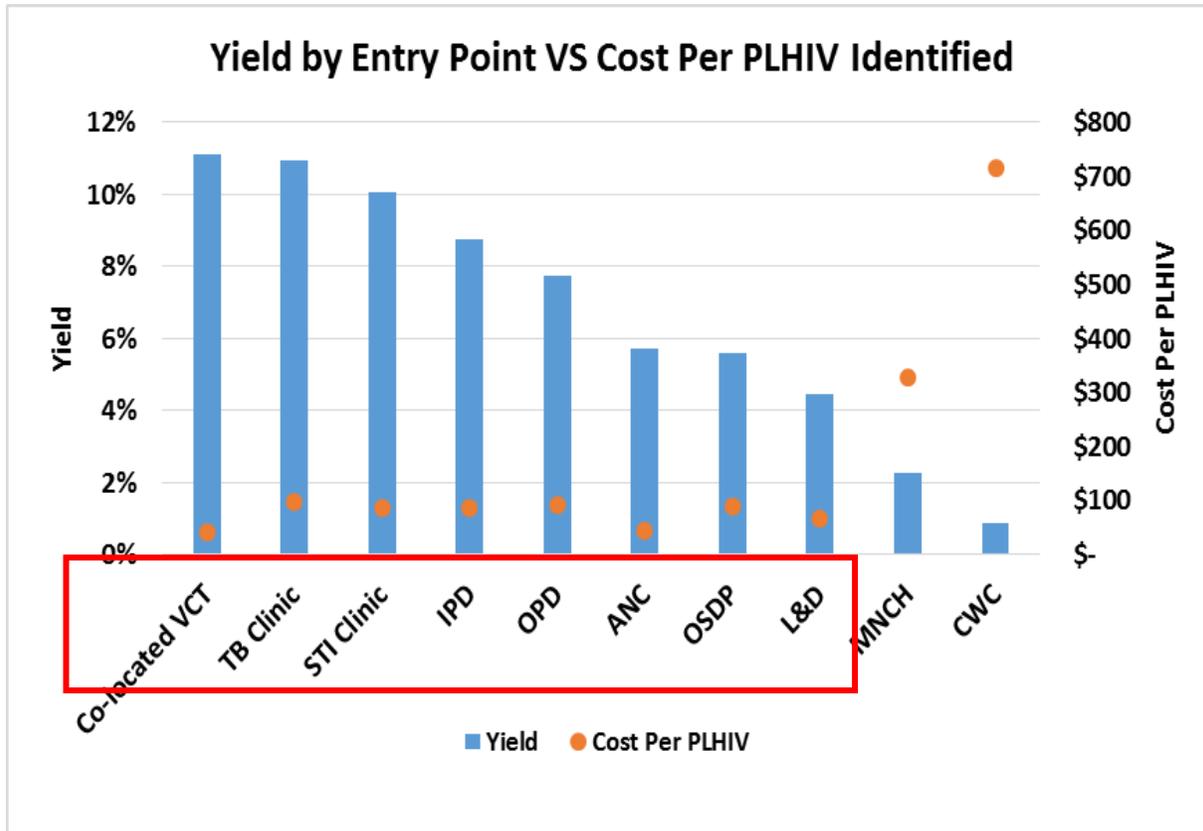
Facility data



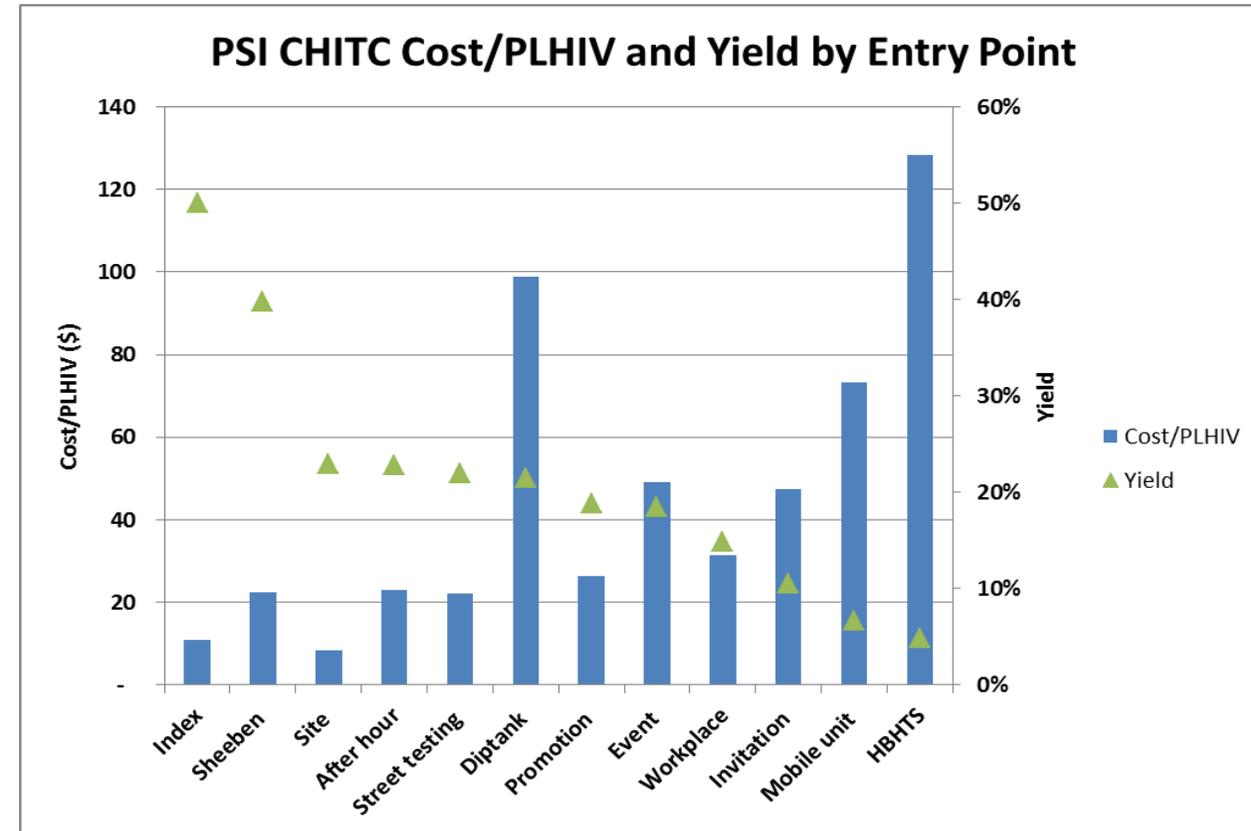
Community data

Yield vs. Cost Analysis

Facility and Community-Based HTS – COP 2015



Facility data



Community data

Reaching the First 90: Targeted testing

Scale-Up Index Testing

- In the facility and community
 - Use invitation slips
 - Active follow-up of partners
- HIVST to reach sexual networks and hard to reach groups
- Maintain confidentiality
- Human rights based approach
- Minimize IPV

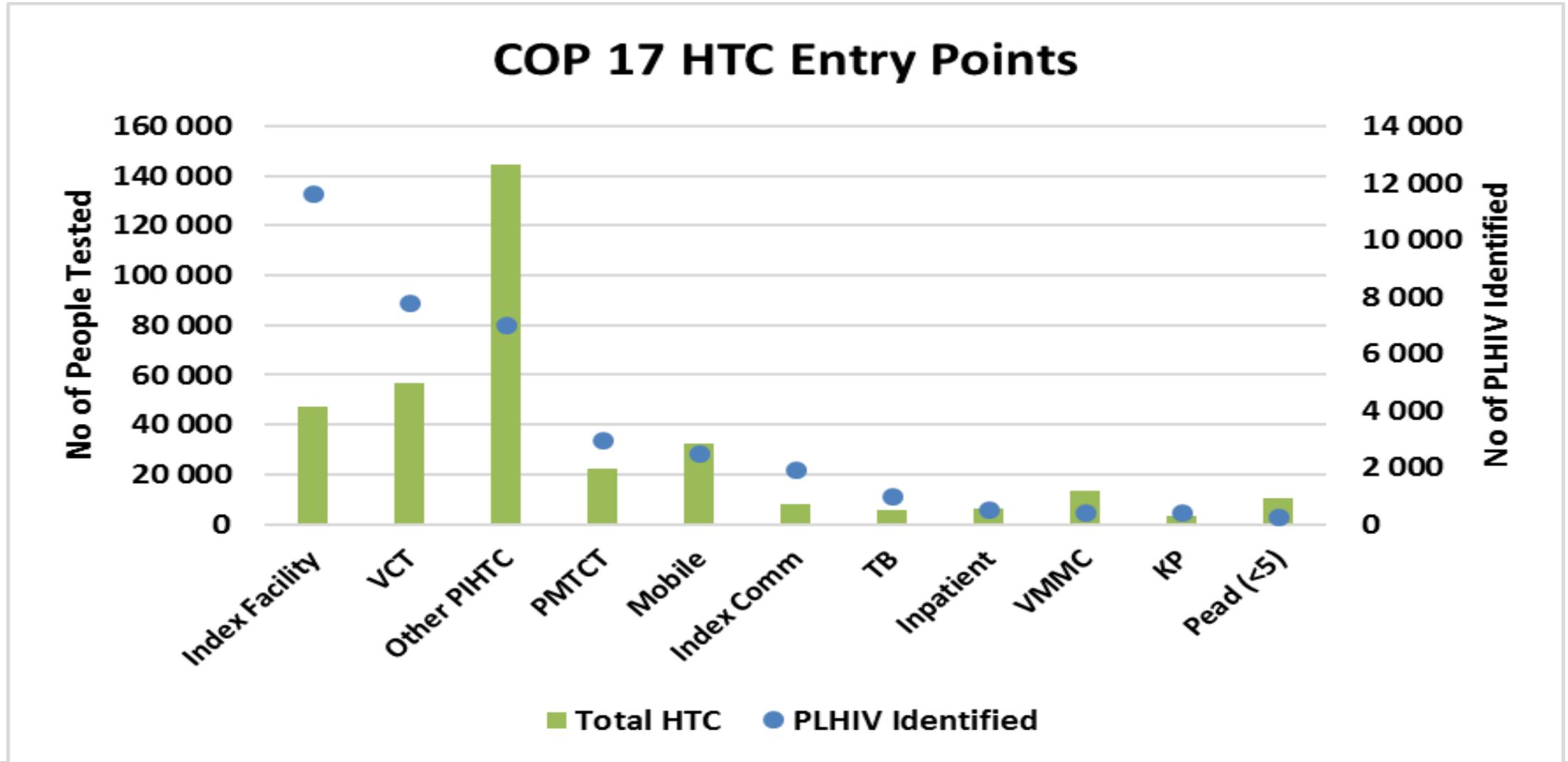
Scale-Up Other Testing Modalities That Have:

- High patient volumes
- High yield
- Low costs per case detected
- Scale-up modalities accessed by specific hard to reach populations

COP 2016 Q1 & Q2 PLHIV Identified + Yield by Entry Point



Reaching the First 90: HTC Entry Points



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Reaching the Second 90: Strategies

Key Decisions

- Increase ART coverage in Lubombo and Shiselweni
- Reach attained end of COP 2017

Strategic Direction

- All SNU are scale up and targeted to be Attained by end of COP 2017
- Expand implementation of differentiated models of care
- Roll out mobile Test and Start and community ART refills

Summary of COP 2017 ART Coverage: The Path to “Attained”

COP 2015

| ART Coverage | Manzini | | Hhohho | | Lubombo | | Shiselweni | | ALL | | |
|--------------|---------|--------|--------|--------|---------|--------|------------|--------|------|--------|-------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Total |
| 0-14 | 63% | 71% | 54% | 62% | 67% | 85% | 78% | 87% | 64% | 74% | 69% |
| 15-24 | 34% | 76% | 25% | 84% | 30% | 100% | 32% | 81% | 30% | 86% | 66% |
| 25+ | 68% | 93% | 77% | 91% | 57% | 70% | 54% | 75% | 65% | 84% | 76% |
| Total | 65% | 90% | 69% | 89% | 56% | 75% | 54% | 76% | 62% | 84% | 75% |

COP 2016

| ART Coverage | Manzini | | Hhohho | | Lubombo | | Shiselweni | | ALL | | |
|--------------|---------|--------|--------|--------|---------|--------|------------|--------|------|--------|-------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Total |
| 0-14 | 71% | 87% | 63% | 69% | 70% | 83% | 85% | 88% | 71% | 82% | 76% |
| 15-24 | 50% | 78% | 51% | 88% | 57% | 98% | 50% | 84% | 52% | 85% | 73% |
| 25+ | 74% | 94% | 77% | 95% | 63% | 72% | 56% | 79% | 69% | 87% | 79% |
| Total | 72% | 91% | 73% | 93% | 63% | 75% | 58% | 80% | 68% | 86% | 79% |

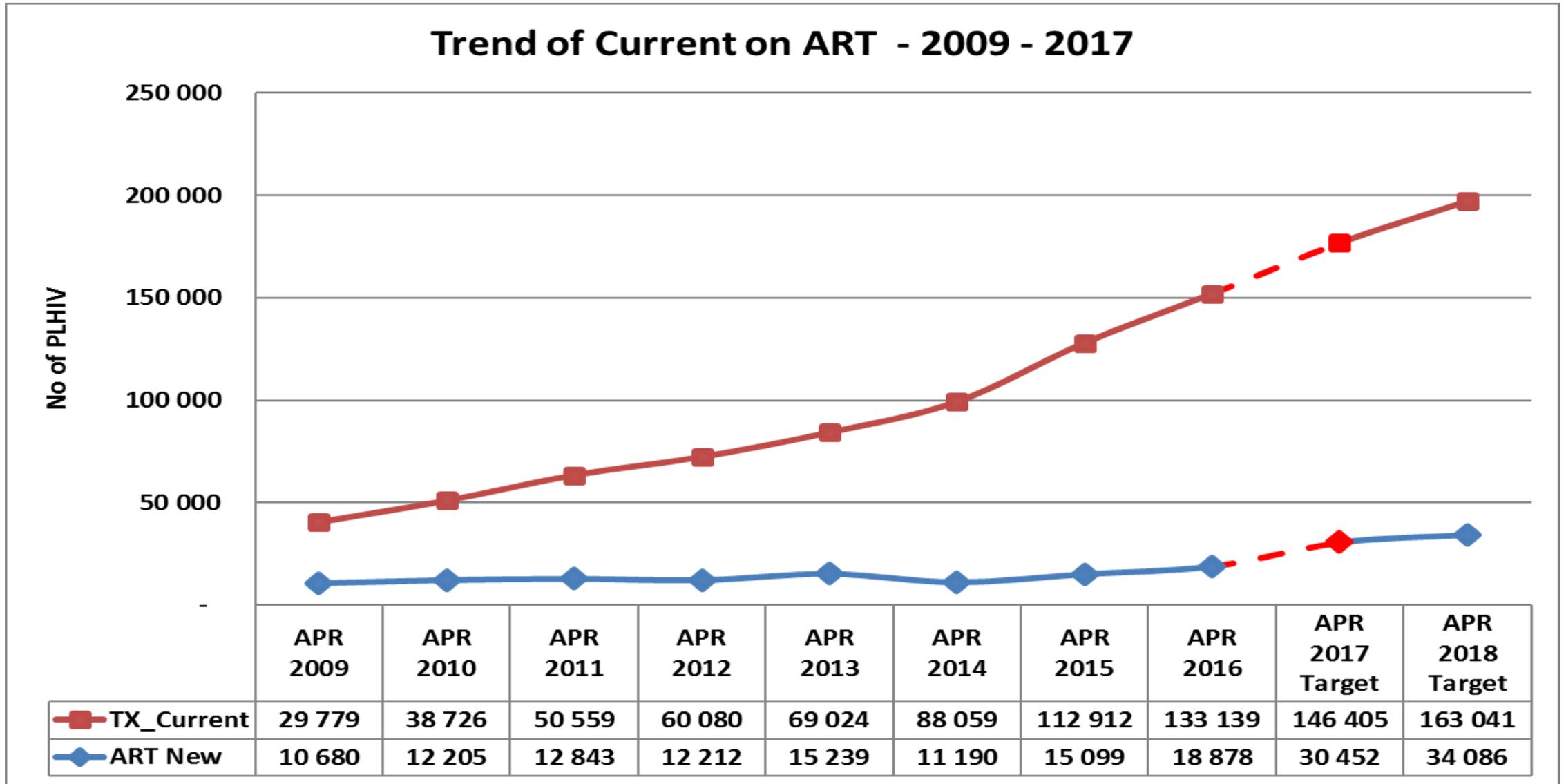
| | |
|---------------|--------|
| GREEN | ≥81% |
| YELLOW | 60-80 |
| ORANGE | 40-59% |
| RED | <40 |

COP 2017

| ART Coverage | Manzini | | Hhohho | | Lubombo | | Shiselweni | | ALL | | |
|--------------|---------|--------|--------|--------|---------|--------|------------|--------|------|--------|-------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Total |
| 0-14 | 84% | 95% | 83% | 86% | 86% | 83% | 81% | 87% | 84% | 89% | 86% |
| 15-24 | 84% | 83% | 85% | 84% | 83% | 83% | 83% | 83% | 84% | 83% | 84% |
| 25+ | 87% | 84% | 81% | 88% | 82% | 81% | 81% | 85% | 83% | 85% | 84% |
| Total | 86% | 85% | 81% | 87% | 82% | 82% | 81% | 85% | 83% | 85% | 84% |

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Reaching the Second 90: TX_CURR vs. TX_NEW Trends + Targets



Reaching the Second 90: Activities

Improve ART Uptake

- Community ART initiations
- Linkages to care – Active case Management
- Improved patient literacy and community engagement to facilitate same day ART initiations
- **Men friendly services:**
 - After hours access

Improve Retention in Care

- Differentiated Service Delivery
- Strengthen counselling for **patient preparation, ongoing** and **intervention** counselling
- **Pediatrics:**
 - Mother baby pairs (Family unit)
 - Mentor mothers
 - Strengthen pediatric services in Lubombo

Reaching the Third 90: Strategies

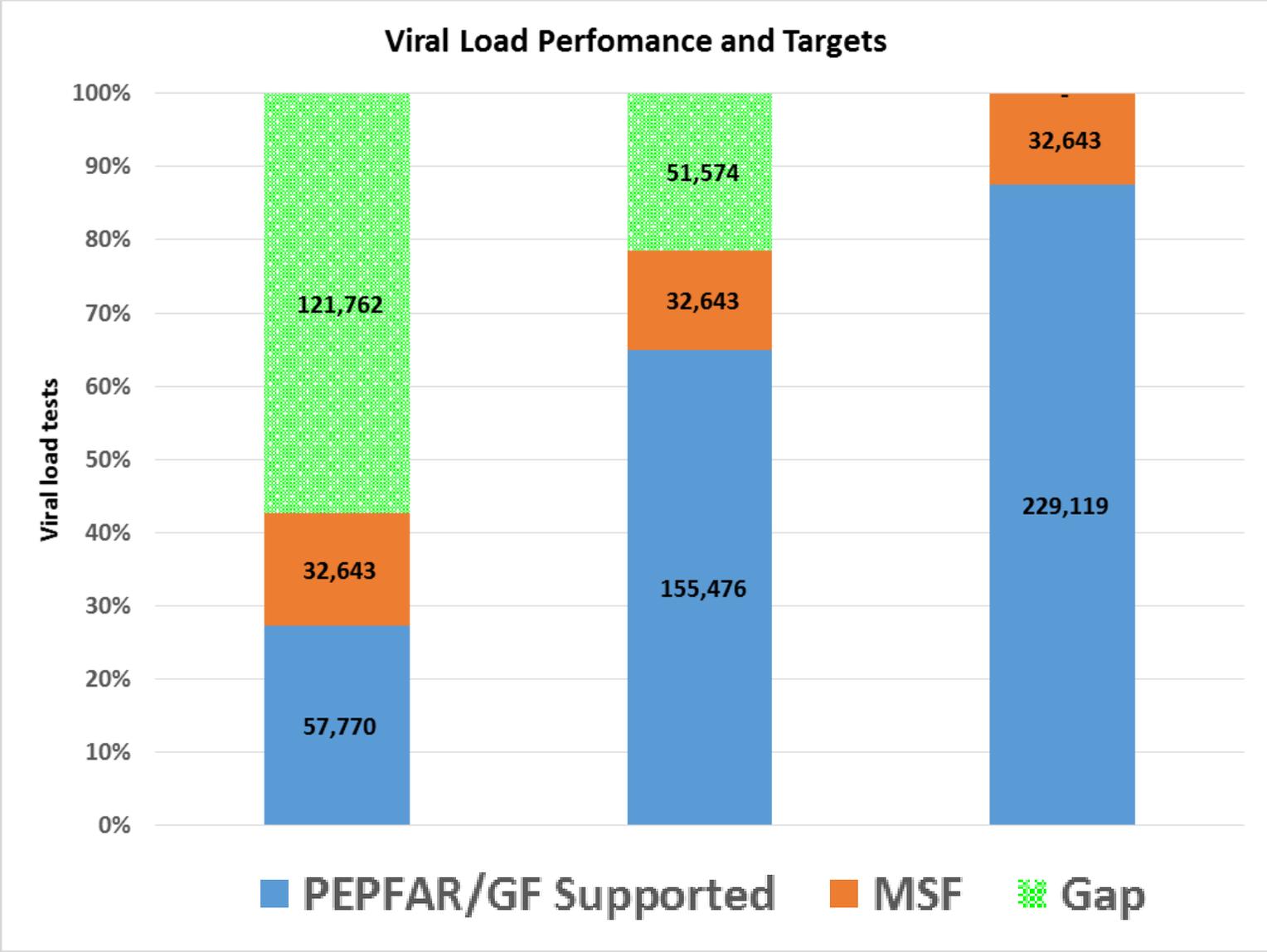
Key Decisions

- Scale up routine VL monitoring
- Negotiate network VL pricing including reagent rental options for all stakeholders

Strategic Direction

- Laboratory network mapping for DBS/ Plasma and decentralize testing
- Improve turnaround time for results delivered
- Scale-up Enhanced Adherence Counseling

Reaching the Third 90: COP 2017 Direction for Viral Load



MOH contribution includes:

- Facility
- Support staff
- Technical staff

Reaching the Third 90: Retention and Viral Suppression

- Differentiated service delivery for stable patients
- Focus on populations with difficulty in retention
 - Teen/Adolescent Clubs
 - Pregnant Women
 - Key Populations
- Patient preparation, ongoing and intervention counseling
- Community support for retention and leveraging networks of PLHIV



COP 2017 Direction: Prevention

Strategic Direction for Combination Prevention

- **Information/communication**

- Nuanced, culturally adapted
- Youth accessible



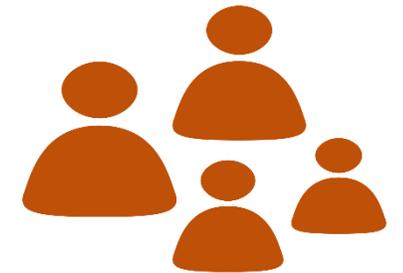
- **Targeting**

- Segmentation
- Differentiated service delivery models and effective linkages



- **Community leadership, ownership and data use**

- Promote increased demand and access
- Structural and normative changes and protective behaviors



- **Monitoring coverage and outcomes**

- Data use for improved programming

Prevention: Priority Populations

OVC
primarily 10-17, and a focus on 9-14 y/o for GBV risk avoidance

Population: 353,178
71% are OVC[†]

Adolescent Girls
15-19
Prevalence: 10.1%*

Young Women
20-29
Prevalence: 32-47%**

Young Men ★
15-39
Prevalence: 7-47%
15-19: 4% 20-24: 7% 25-29: 21% 30-34: 37% 35-39: 47%**

★ Young Men 15-29 focus for VMMC and gender

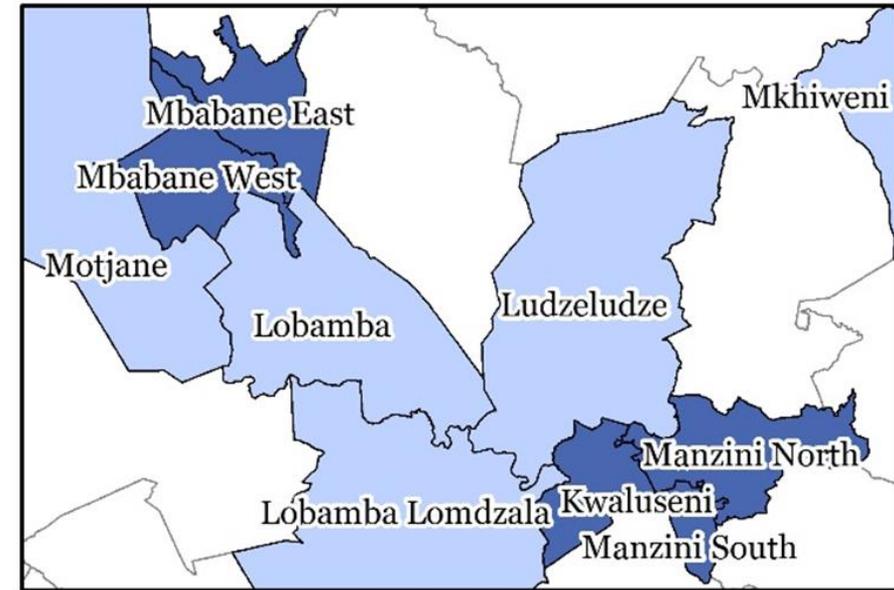
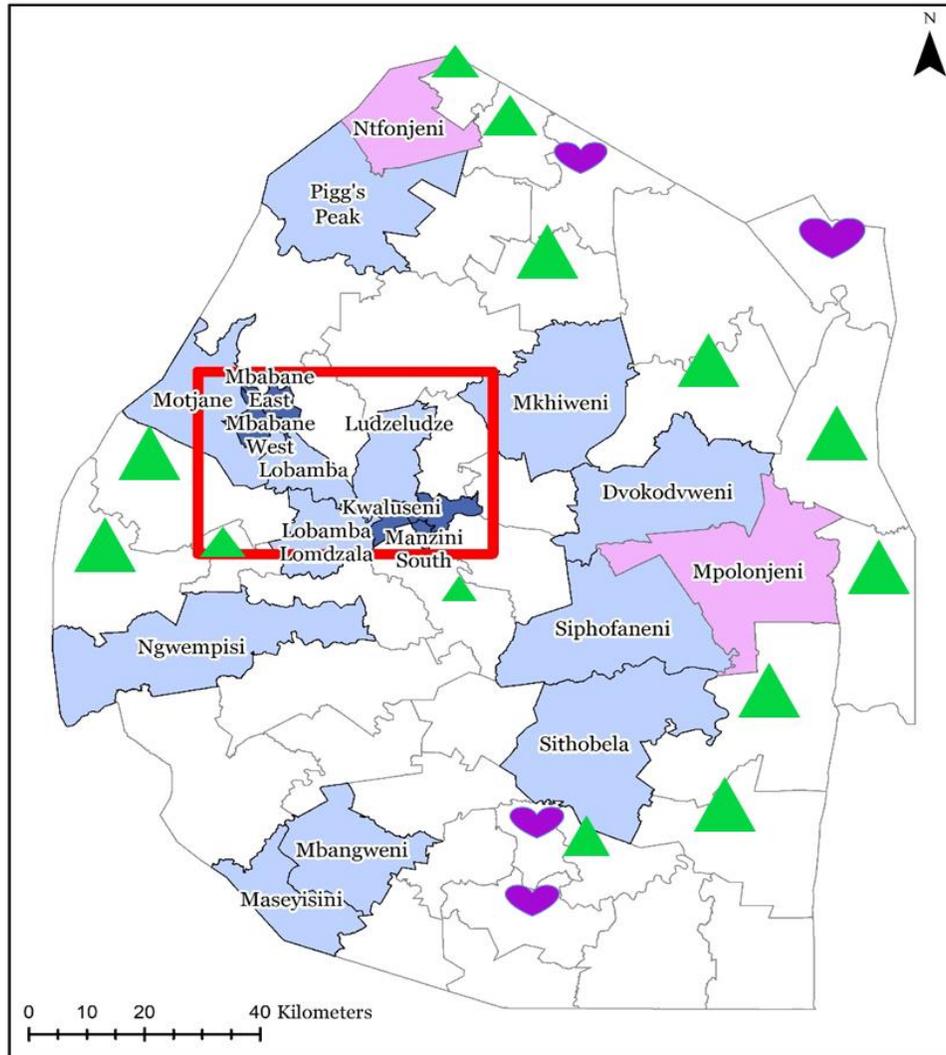
Increased focus on identifying the most vulnerable age/sex segments (e.g. out-of-school adolescent girls, rural poor, mobile men with money), and on P&L women and mother-baby pairs

[†]MICS 2014 and population projection

*DHS 2007 **SHIMS 2011

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COP 17 HIV Prevention: Geographic Focus

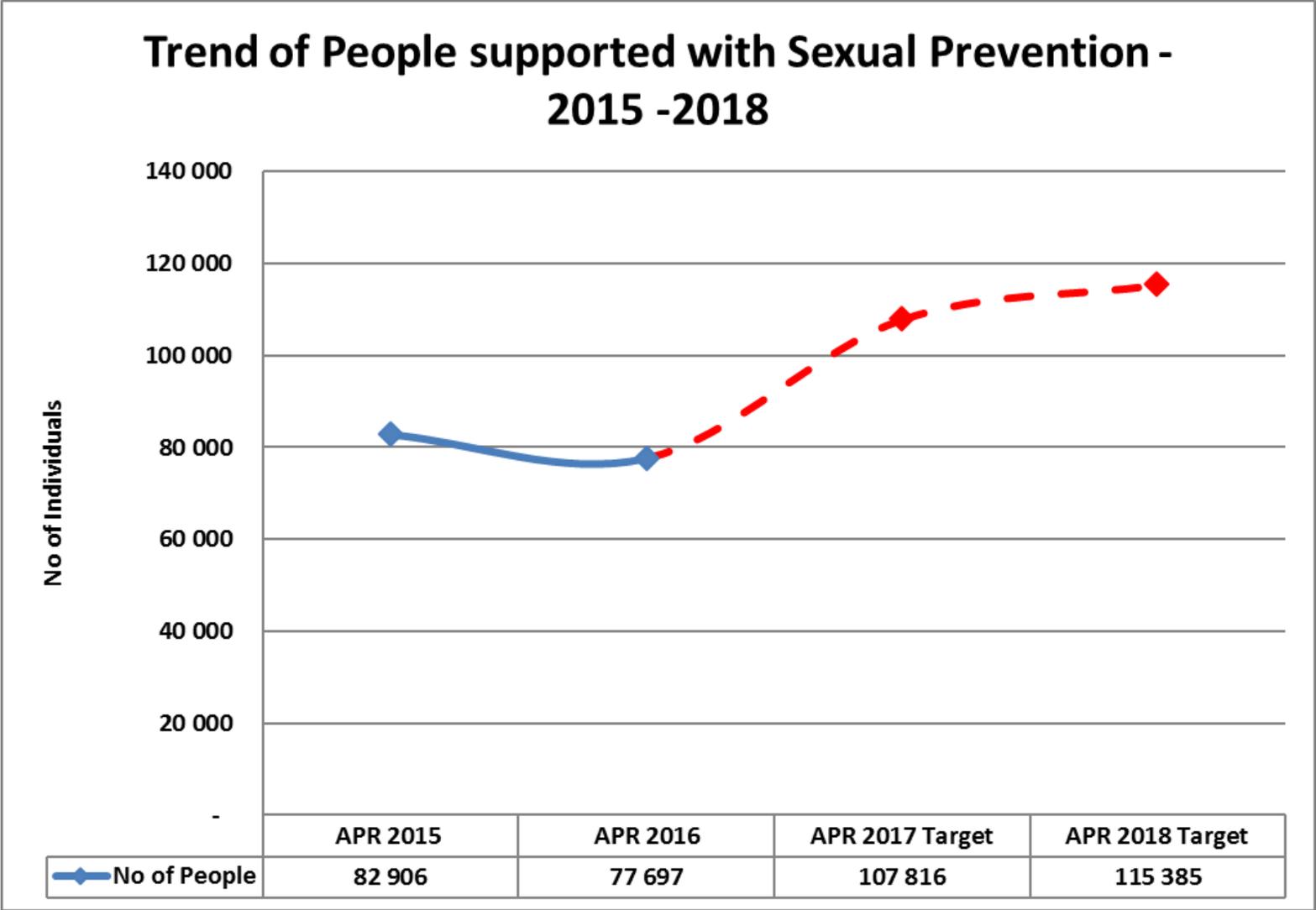


Legend: DREAMS COP 2017

- Full package
- Full package new for AG, OVC
- Full package new YW&Men
- Global Fund
- COP 16 "game Changer"
- AG and OVC

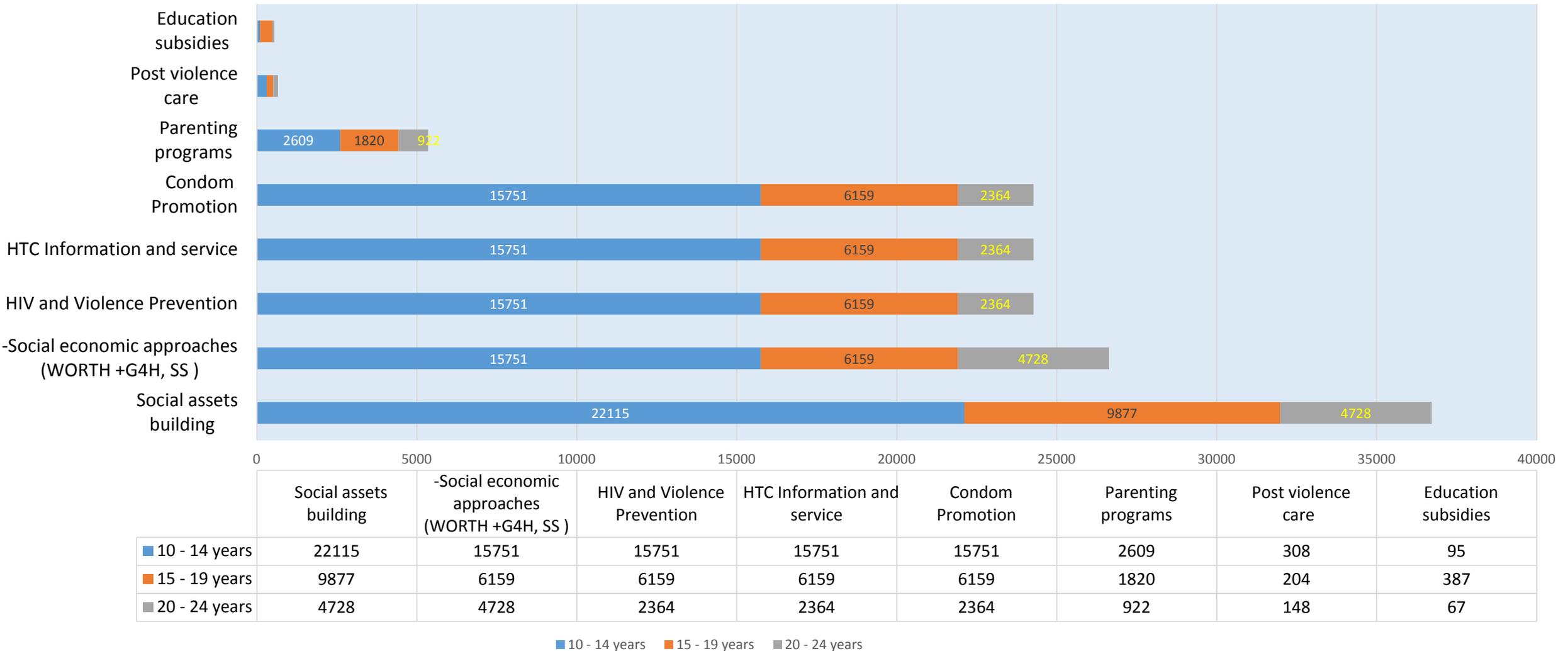
National coverage condoms, VMMC, PMTCT

Prevention: PP_PREV Trend + COP 2017 Targets



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DREAMS: Example of Layering services – Pact



71% of AG 10-14 and 62% of AG 15-19 receive at least five DREAMS services

COP 2017 Direction for DREAMS

| | |
|---|--|
| Target population | <ul style="list-style-type: none"> • AG 10-14 and 15 – 19, and YW to 20- 29 in 19 DREAMS tinkhundla |
| Population expansion COP 2017 | <ul style="list-style-type: none"> • Expand AG programming to include 5 urban tinkhundla • Expand age groups YW to 29 (from 25) and men to 39 (from 34) |
| Targeting and coverage | <ul style="list-style-type: none"> • Segmentation /characterization of key subsets of AGYW • Achieve 60% coverage in select areas |
| Differentiated service delivery models | <ul style="list-style-type: none"> • Tailor modalities to reach AGYW based on their characteristics, different vulnerability factors, needs and schedules, with key focus on <i>risk avoidance</i> and <i>risk reduction</i> • Apply service delivery based on lessons learnt from working with YW |
| Layering | <ul style="list-style-type: none"> • Improve tracking of services and referrals (supported by consolidation of DREAMS IPs) |
| PrEP | <ul style="list-style-type: none"> • Expand to additional vulnerable young women, high-risk pregnant women and MSM |
| Recency testing | <ul style="list-style-type: none"> • LagAvidity testing for 3,000 pregnant YW in DREAMS tinkhundla |

Utilizing OVC partners to improve risk avoidance and addressing GBV in AG and OVC 9 - 14

HIV risk avoidance:

Support to retention in **secondary education**

Mentoring & safe spaces: HIV risk awareness

Promotion of '**Know your Status**' / HIV risk assessment & HTC referral

Parenting skills/communicating with adolescents on HIV

Household economic strengthening

GBV:

Support to retention in **secondary education**

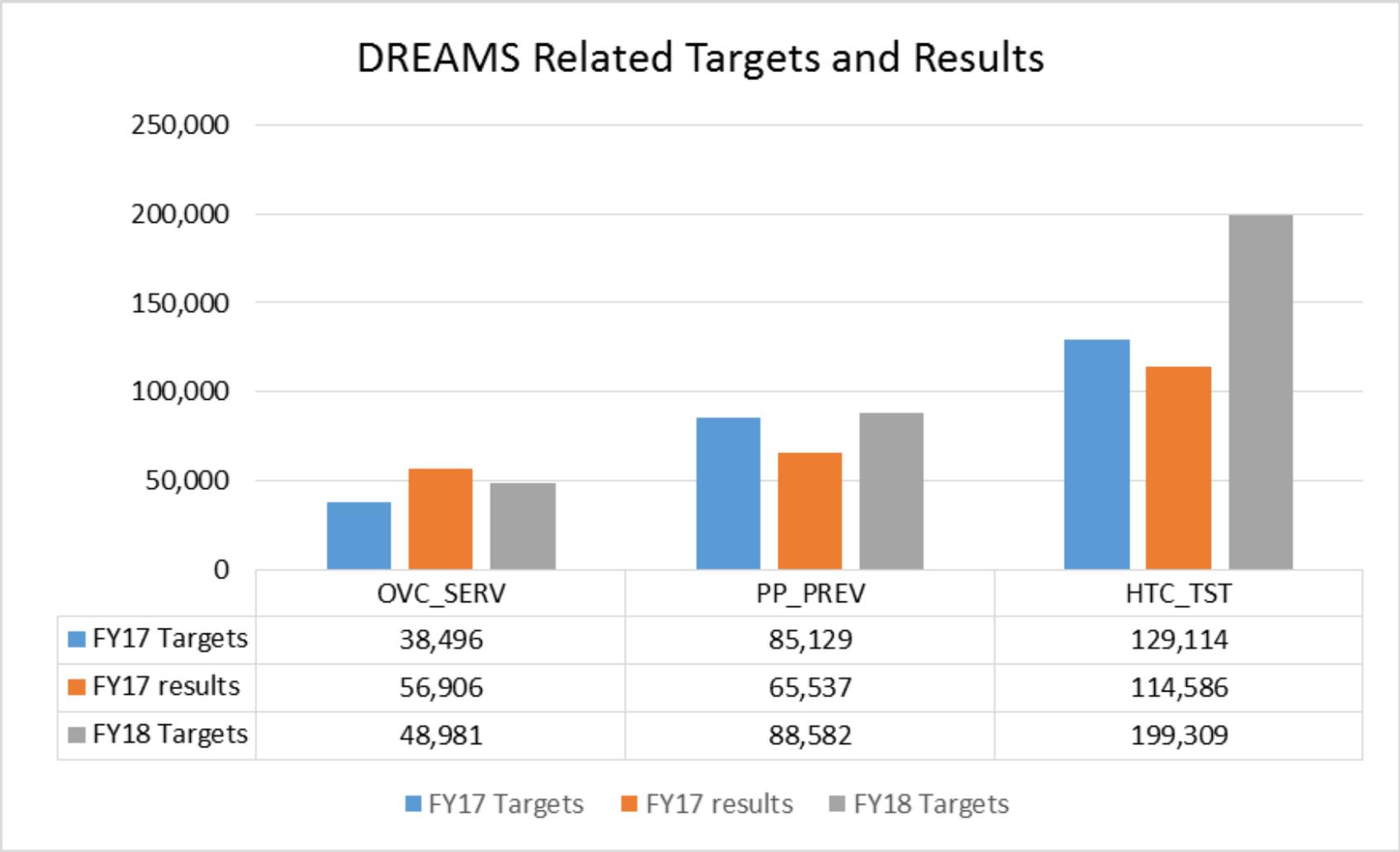
Mentoring & safe spaces: Understanding S/GBV and where to seek services

Post-abuse care case management

Parenting skills: Child protection, positive discipline

Explore viability of **GBV hotline**

Key Targets and Results in DREAMS Tinkhundla



PrEP Implementation

- National PrEP framework developed and approved by Ministry of Health
- 3 PreP pilot projects starting in June 2017
 - ❖ FSW and VYW (PEPFAR)
 - ❖ VYW and Pregnant Women (MSF)
 - ❖ General population (CHAI)
- In COP 2017 PEPFAR to expand PrEP services to 1,300 clients, targeting:
 - ❖ FSW & VYW
 - ❖ High-risk Pregnant Women
 - ❖ MSM

Key Populations: Populations Focus

- Female and male sex workers
- MSM
- Transgender people
- Other high risk populations



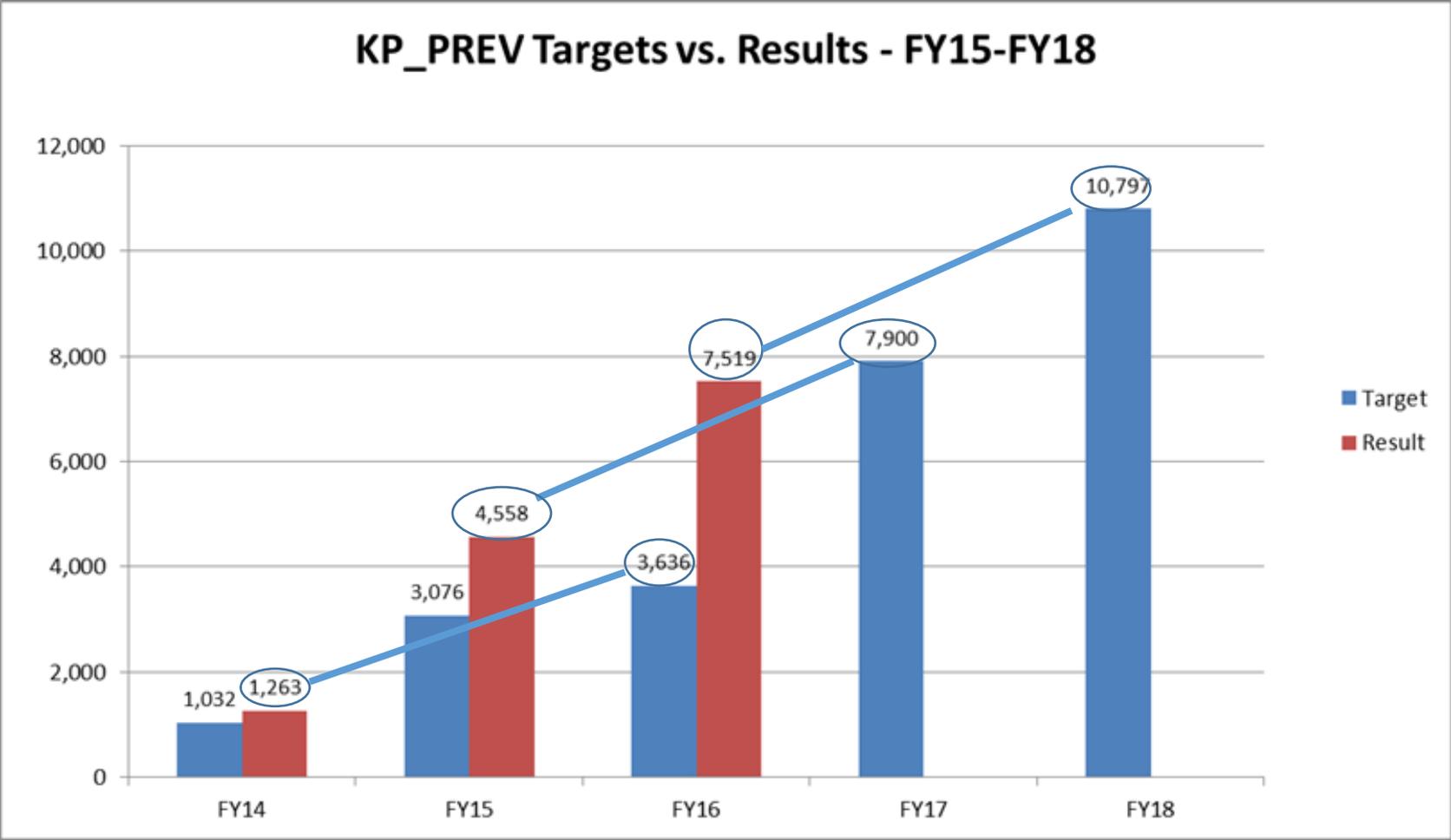
HC3, SNAP and KP Ambassadors Team

KP: Strategic Directions COP 2017

| Gaps/Issues | Actions |
|---|---|
| Size estimation | Micro hot-spot mapping for improved, targeting, reach and coverage |
| Micro Planning | Engage KP in local level planning, scheduling, outreach |
| Coordination among implementing partners | Harmonization of lay cadres across GF and PEPFAR; Continue support to National KP unit to strengthen coordination |
| Limited access to services and safe spaces | Strengthen and extend successful models of service delivery and add drop-in centers for safe spaces and support |
| Weak capacity of KP CSOs and networks among KP groups | Build on success with 'super groups', capacitate LGBTI/KP CSO |
| Stigma, discrimination, violence | Continue efforts with RSP, HCWs and municipalities to reduce stigma, discrimination, violence and human rights abuses |

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KP_PREV Trend + COP 2017 Targets



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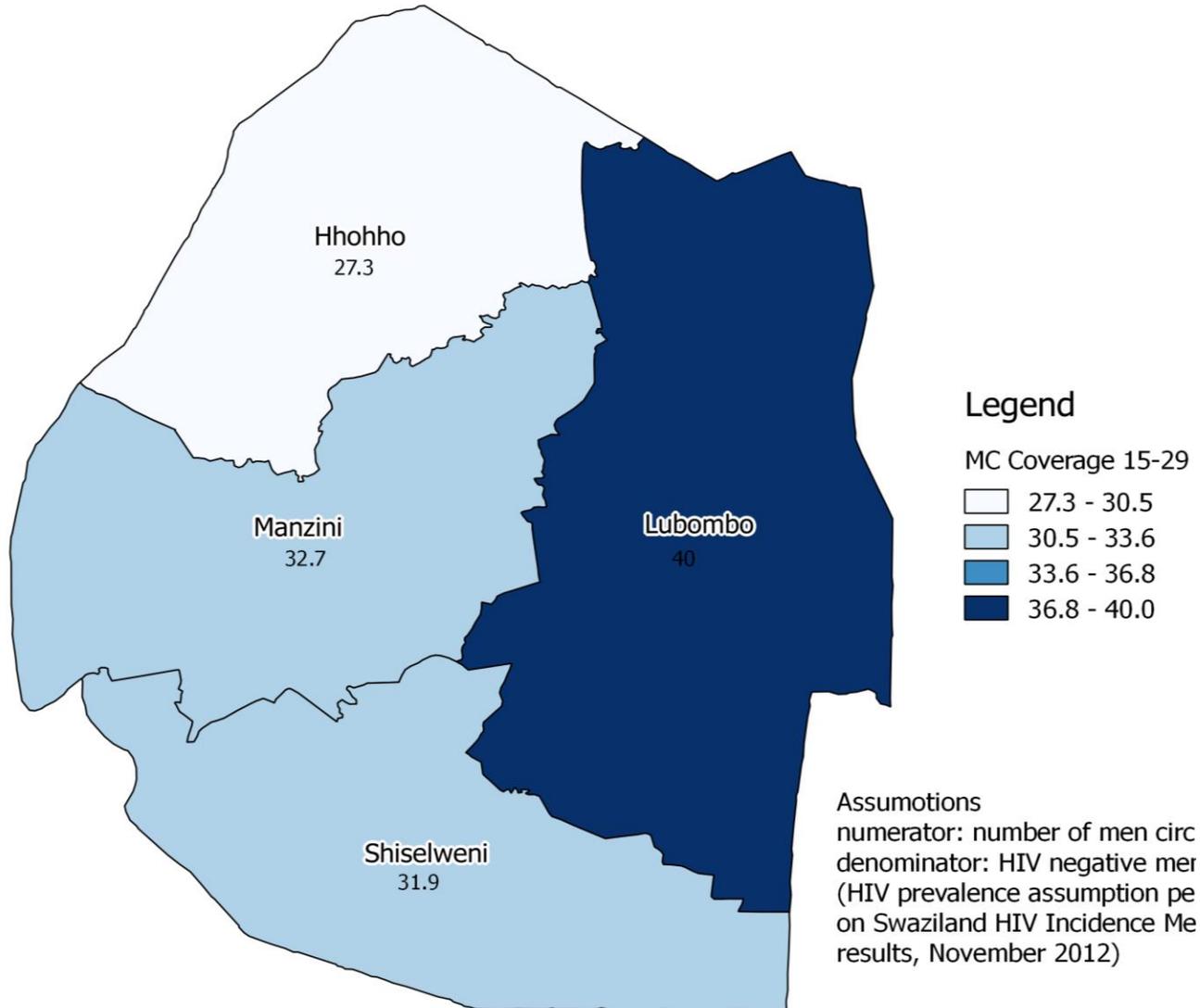
VMMC National Coverage and Targets by Age

| Age Band | Pop size estimate (SNU)* | Cumulative VMMC done (2009-2016) current age | APR16 Coverage | COP16 VMMC_CIRC Targets | COP 2017 VMMC_CIRC Targets* | Expected Coverage (COP 2017) |
|-------------|--------------------------|--|----------------|-------------------------|-----------------------------|------------------------------|
| 10-14 years | 60,846 | 22,281 | 31% | 4,418 | 7,976 | 37% |
| 15-29 years | 154,262 | 50,674 | 33% | 13,428 | 13,230 | 50% |
| 30+ years | 109,914 | 19,418 | 18% | 770 | 844 | 19% |
| National | 325,022 | 92,373 | 28% | 18,616 | 22,050 | 41% |

*Includes COP 2017 VMMC Central Funds - \$129,487

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VMMC among 15-29 y/o: Coverage and Strategies



Strategies aimed at improving coverage among 15-29 year olds

- focusing on high schools
- male mentoring camps
- engaging community leaders
- smaller demand creation teams - one-on-one sessions
- increase demand in DREAMS *Tinkhundla*



COP 2017 Direction: Investments

Table 6 –Systems Barriers: Expected Three-Year Outcomes and Budgets

1. Quality of Service Delivery at HTC/Lab/POCT facilities

- Lab accreditation, SLMTA/SLIPTA and Proficiency Testing
- 3 labs accredited
- 17 labs 3 star rating
- 58 labs increased QI
- All labs complete PT
- Staff training, QA/QM/QI at regional & facility levels

2. Sufficient HRH staffing & skills mix to support cascade

- Adequate # of trained community HTC counselors
- Clear linkages between community & clinical sites
- MoH implements and tracks staffing norms
- 75 lab techs & 60 pharm techs graduate
- HRIS to track and place lab & pharm techs
- Newly qualified nurses take entry into practice exams – including HIV/TB competency

3. Adequate & Regular supply of drugs, reagents & test kits

- Train on procurement planning, create database and procedure manual
- Rollout and training on LMIS
- 100% suppliers tracked on monitoring system
- 90% drug orders received on schedule
- 80% facilities conduct 4 stock audits/year

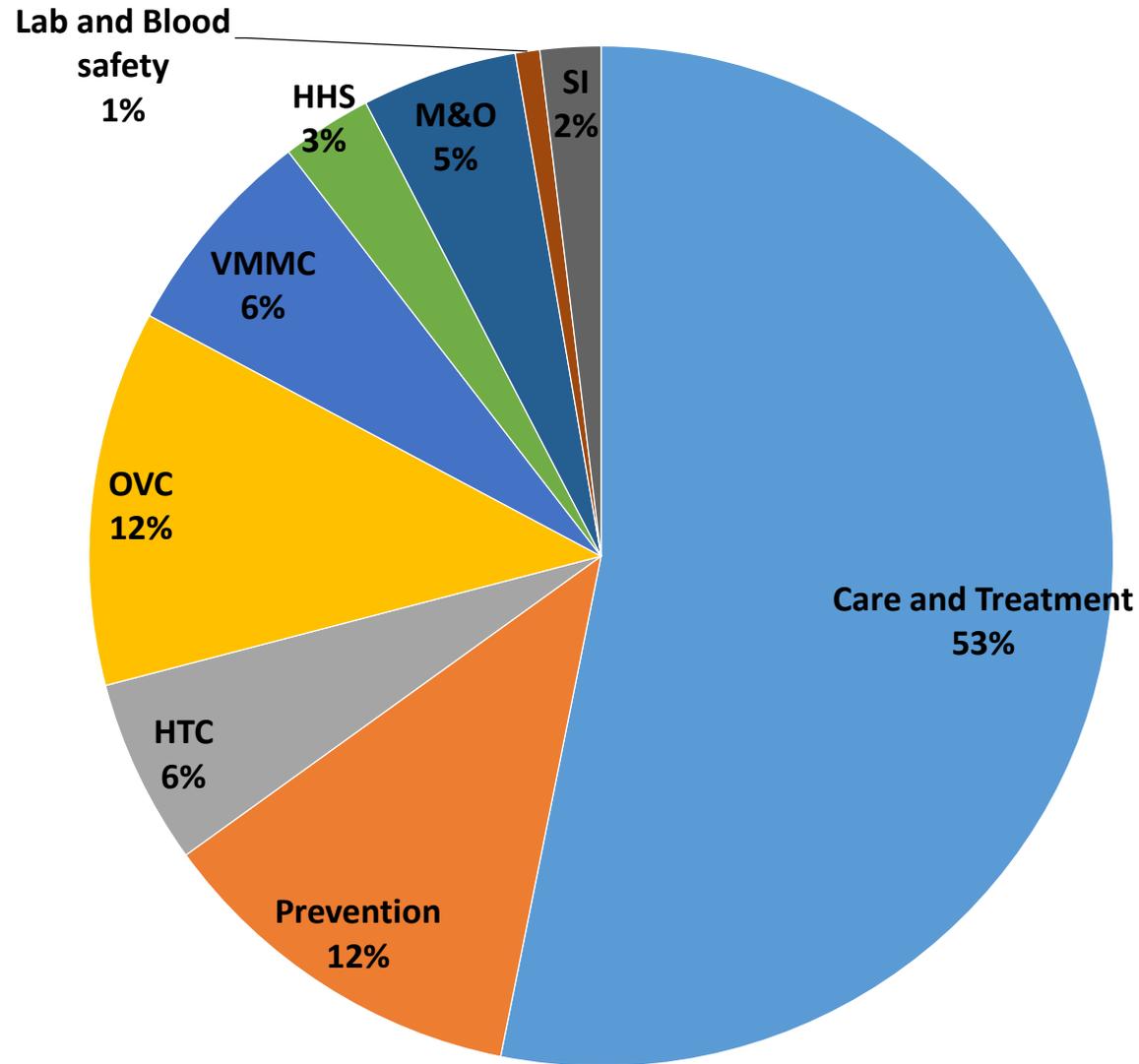
4. Consistent use of CMIS & unique patient ID

- Functional CMIS with ability to track unique patients
- GKO S prepared to allocate budget resources for CMIS maintenance
- Facility staff consistency collect unique identifiers
- Full complement of staff with skills to sustain CMIS



COP 2017: Budget Details

COP 2017 Budget by Program Area



| <u>New FY 2017 COP Funds (all accounts)</u> | |
|---|---------------------|
| Care and Treatment | \$31,376,982 |
| Prevention | \$7,025,428 |
| HTC | \$3,472,116 |
| OVC | \$7,021,750 |
| VMMC | \$3,979,818 |
| HHS | \$1,681,722 |
| M&O | \$2,900,685 |
| Lab and Blood safety | \$455,546 |
| SI | \$1,128,651 |
| TOTAL | \$59,042,697 |

VMMC Central Funds - \$129,487

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Earmark Allocations

- ✓ New COP 2016 funds allocated to **Care and Treatment: \$31,376,982**
 - ☐ COP 2017 requirement: \$31,082,144
- ✓ New COP 2016 funds allocated to **OVC: \$7,021,750**
 - ☐ COP 2017 requirement: \$4,652,274
- ✓ New COP 2016 funds allocated to **Water: \$150,000**
 - ☐ COP 2017 requirement: \$150,000
- ✓ New COP 2016 funds allocated to **GBV: \$1,140,888**
 - ☐ COP 2017 requirement: \$560,000



SIYABONGA