



COP 2017 Approval Meeting Out-brief Tanzania

Dr. Deborah Carpenter

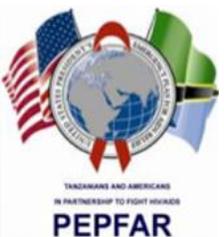
April 21, 2017

Re-cap of DCMM Key Messages

1. Increase COP 2017 treatment targets, given performance funding
2. Intensify partner management efforts to improve performance in the current COP and use performance data to determine COP 2017 IP funding levels
3. Optimize testing
4. Improve linkage rates
5. Accelerate saturation of circumcision in target age band, including those aging in
6. Monitor funding allocated to above site level work
7. Align PEPFAR commodity investments with commodity planning by MOH and Global Fund
8. Support resumption of KP programming in community settings

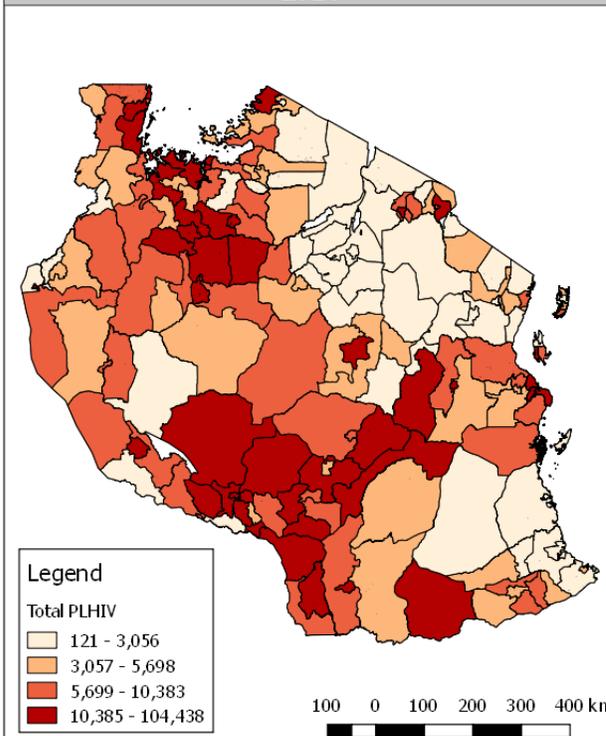
The background features a dark blue world map with a prominent red ribbon graphic on the right side. The ribbon is thick and curved, crossing itself in a large 'X' shape. The text is centered over the map.

Status Overview: COP 2016 implementation and country context



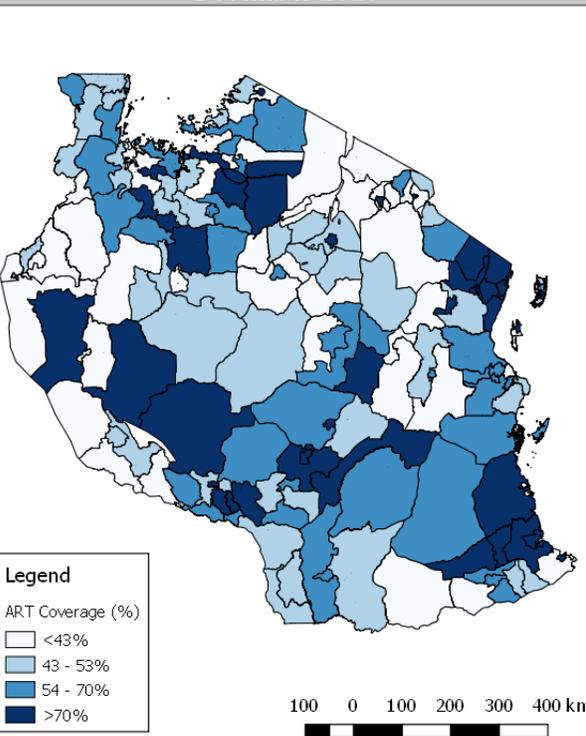
ART Coverage for Adults and Pediatrics, FY17 Q1

Total People Living With HIV (PLHIV) by Council, 2016



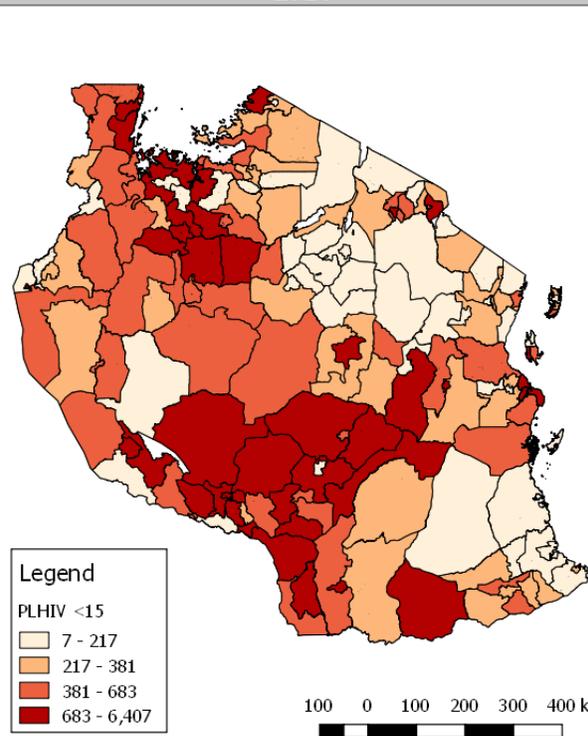
Boundaries not necessarily authoritative
April 13, 2017
Source: Spectrum 2016 National File

PEPFAR Tanzania Council Level ART Coverage, December 2016



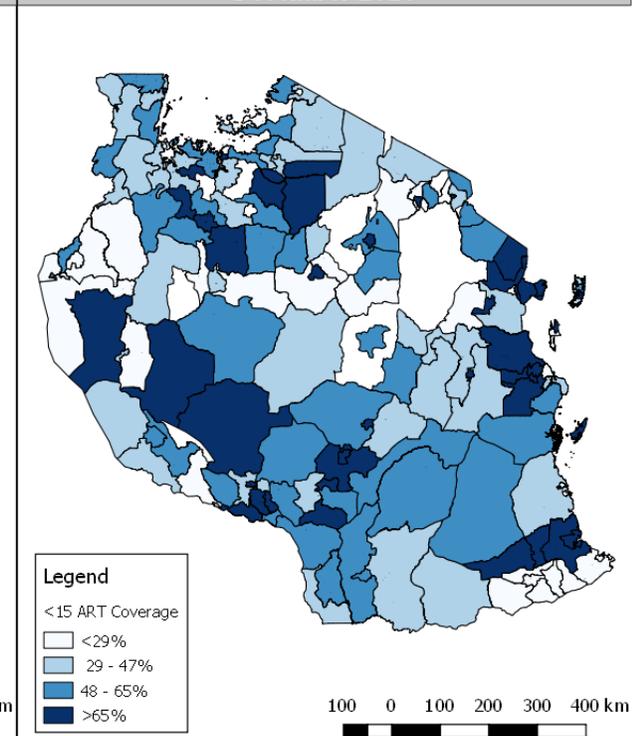
Boundaries not necessarily authoritative
April 13, 2017
ART Coverage = FY17Q1 TX_CURR/PLHIV
Source: DATIM FY17 Q1 PEPFAR Tanzania

<15 People Living With HIV (PLHIV) by Council, 2016

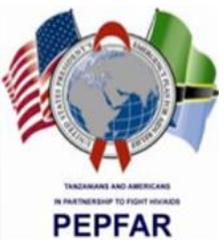


Boundaries not necessarily authoritative
April 13, 2017
Source: Spectrum 2016 National File

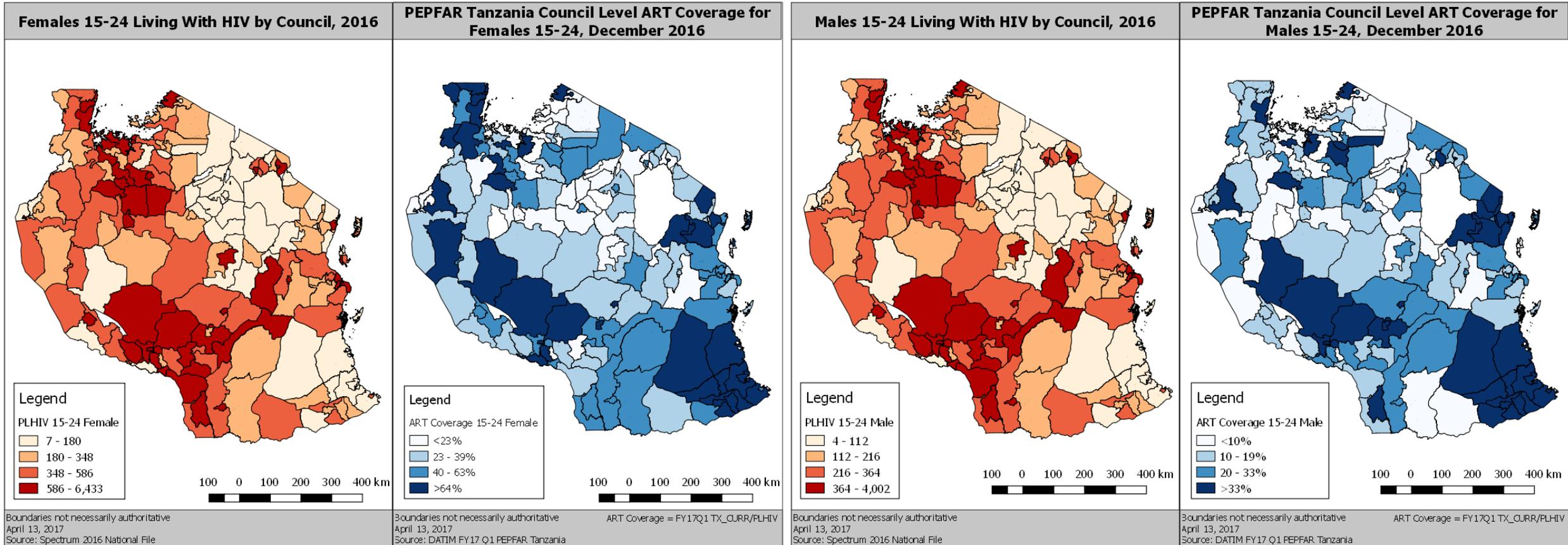
PEPFAR Tanzania Council Level <15 ART Coverage, December 2016



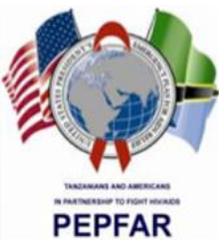
Boundaries not necessarily authoritative
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ART Coverage = FY17Q1 TX_CURR/PLHIV
Source: DATIM FY17 Q1 PEPFAR Tanzania



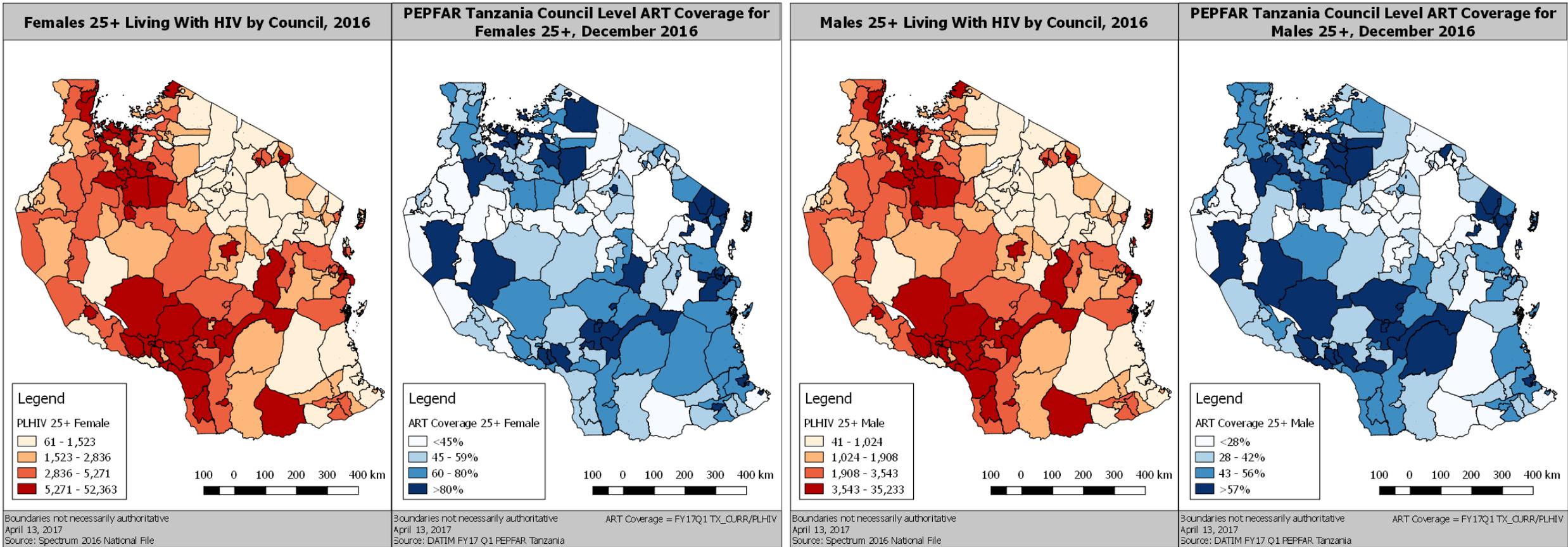
ART Coverage by Sex, Ages 15-24; FY17 Q1



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



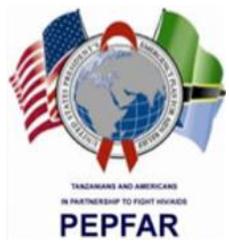
ART Coverage by Sex, Age 25+; FY17 Q1





Policy Overview

Policy area	Current status
Test and start roll-out	<ul style="list-style-type: none"> • Official GOT circular disseminated October 1, 2016; broad, rapid adoption of test and start across PEPFAR services • Focus on ongoing partner management, including implementation tracking at SNU and health facility level • Revised clinical guidelines, with Service Delivery Model (SDM) chapter, under development
Same-day initiation	<ul style="list-style-type: none"> • Included in draft revised clinical guidelines; to be disseminated by 2nd Quarter FY2017
Self-testing	<ul style="list-style-type: none"> • Included in draft revised national HIV testing guidelines • Operational research included in COP17
Policy to ensure public health approach to all populations at risk	<ul style="list-style-type: none"> • Community programs for MSM were suspended until new KP Guidelines signed and released • Revised KP Guidelines were signed on Thursday, April 13, 2017
PrEP	<ul style="list-style-type: none"> • Scaled up for select key populations in COP 2017 • Building on findings from feasibility study funded in COP 16 for Adolescent Girls and Young Women (AGYW)



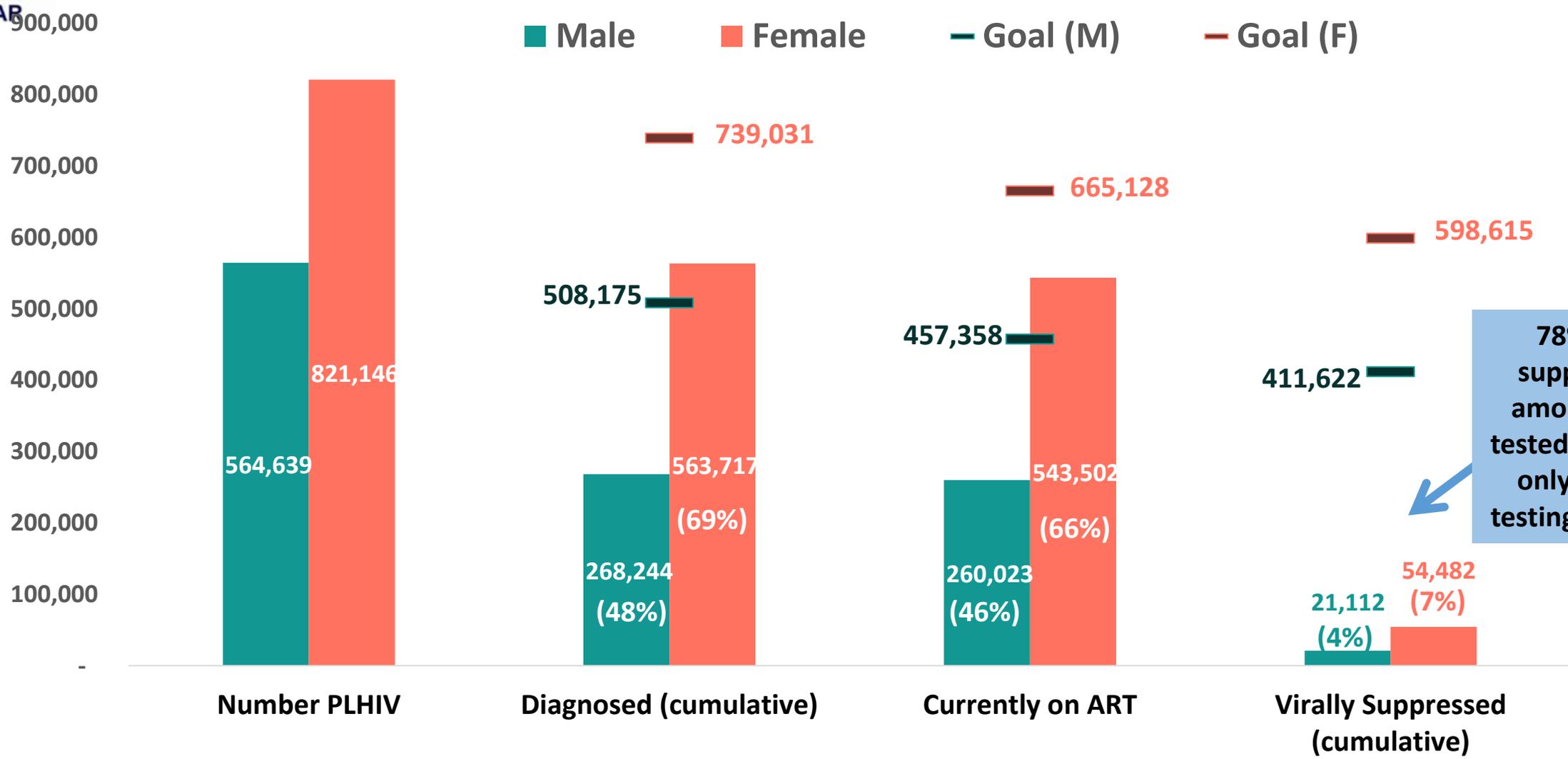
Achievement Against Target and Trend Across Key Indicators for FY 16 and FY 17

Indicators	FY16Q1		FY16Q2		FY16Q3		FY16Q4		FY17Q1		FY17Q2		
	Result	Cum % Ach	Preliminary Result	FY17 Target	Cum % Ach								
Tested	1,034,996	25%	1,452,259	60%	1,888,206	106%	1,879,383	152%	1,581,296	24%	1,899,411	6,608,245	53%
Tested Positive	55,283	20%	68,055	45%	77,598	74%	69,233	100%	64,658	24%	71,093	306,988	44%
New on Treatment	38,968	17%	49,312	38%	51,642	60%	49,170	81%	65,181	20%	62,046	319,623	40%
Current on Treatment			670,824	79%			784,995	93%	805,055	77%	Pending	1,040,081	N/A
Medical Circumcisions	71,334	13%	138,456	39%	202,134	77%	107,513	98%	119,421	17%	154,652	693,449	40%
Key Population Prevention			40,707	55%			61,993	140%			24,036	92,796	26%

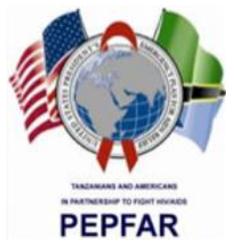
All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR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



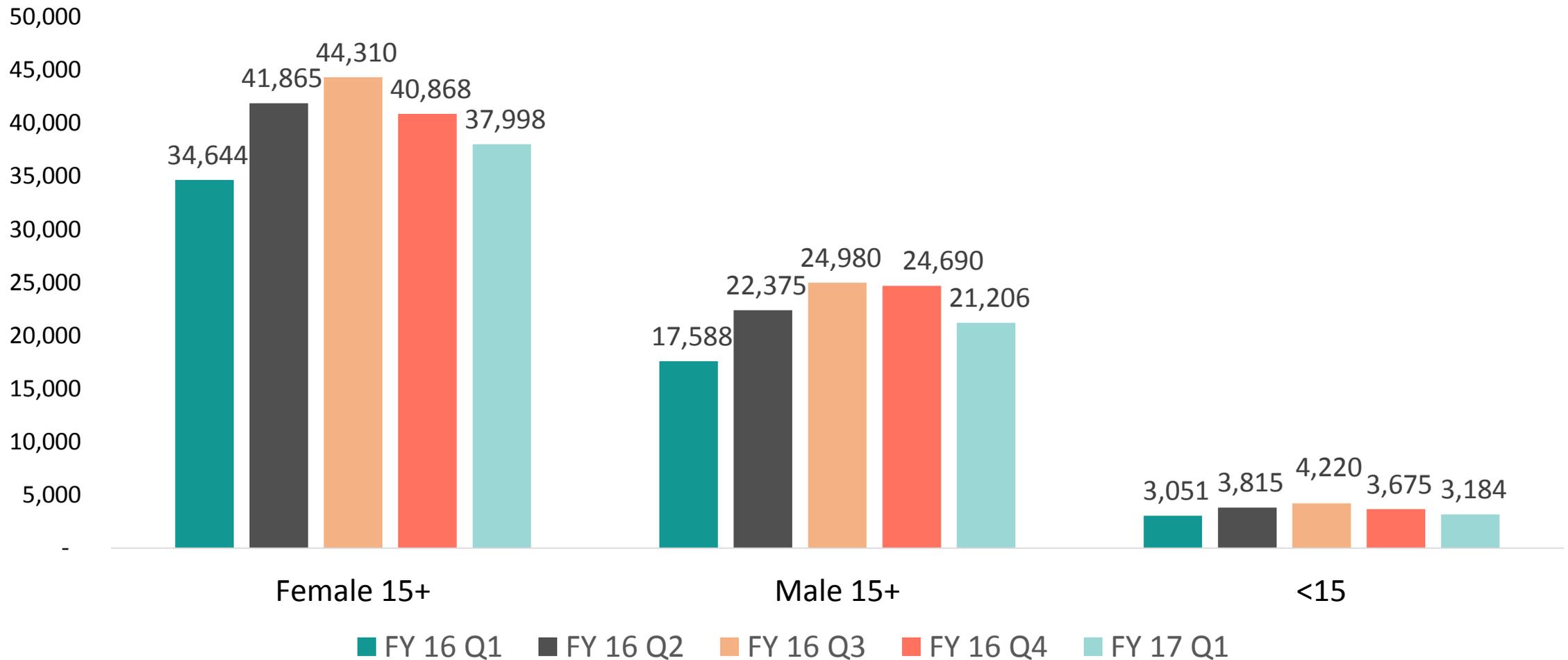
FY17 Q1: Progress towards 90-90-90, by Sex

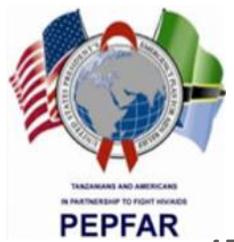


78% viral suppression among those tested, although only 12% VL testing coverage

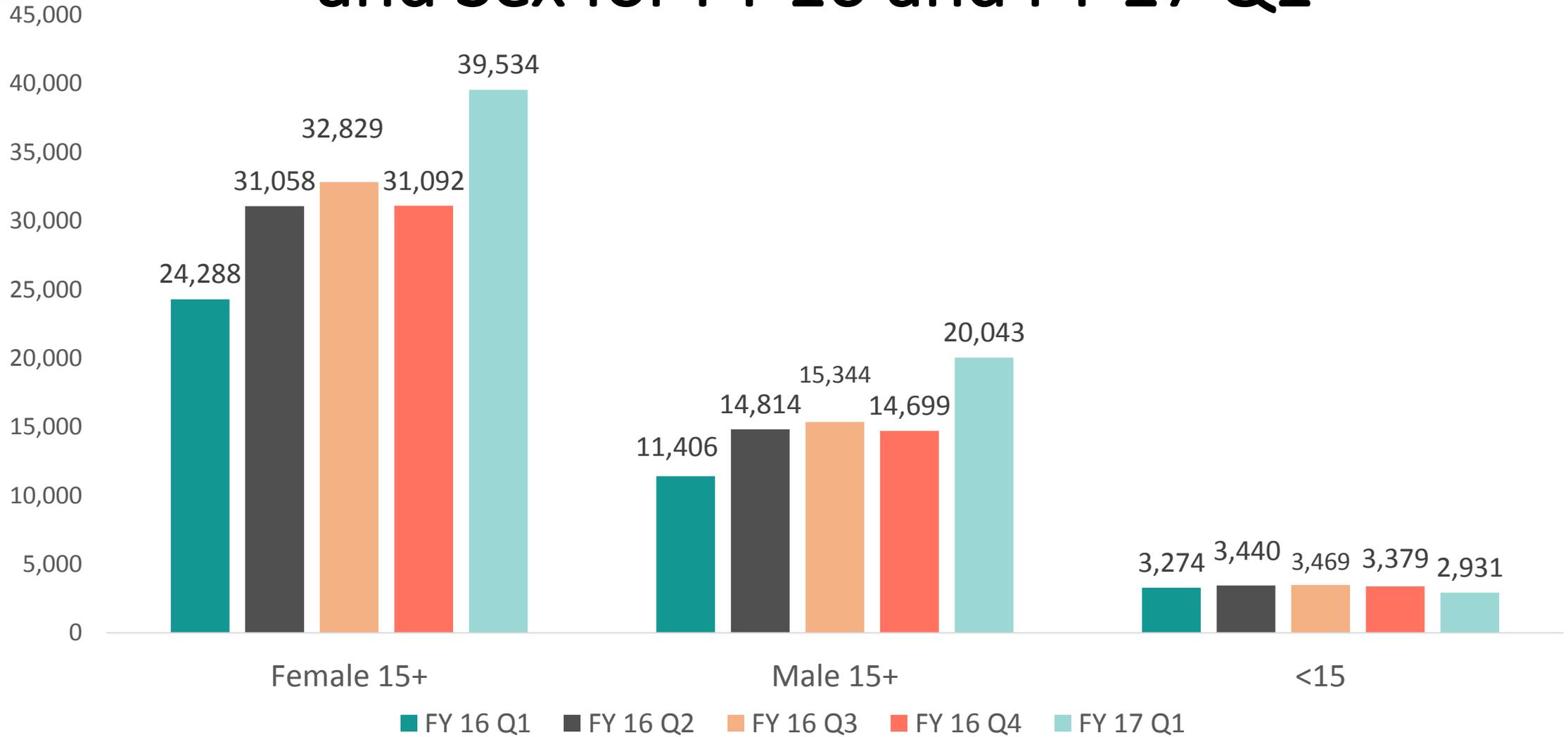


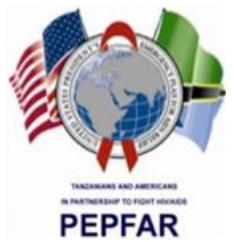
HIV-Positive People Identified: Quarterly Trend by Age and Sex for FY 16 and FY 17 Q1



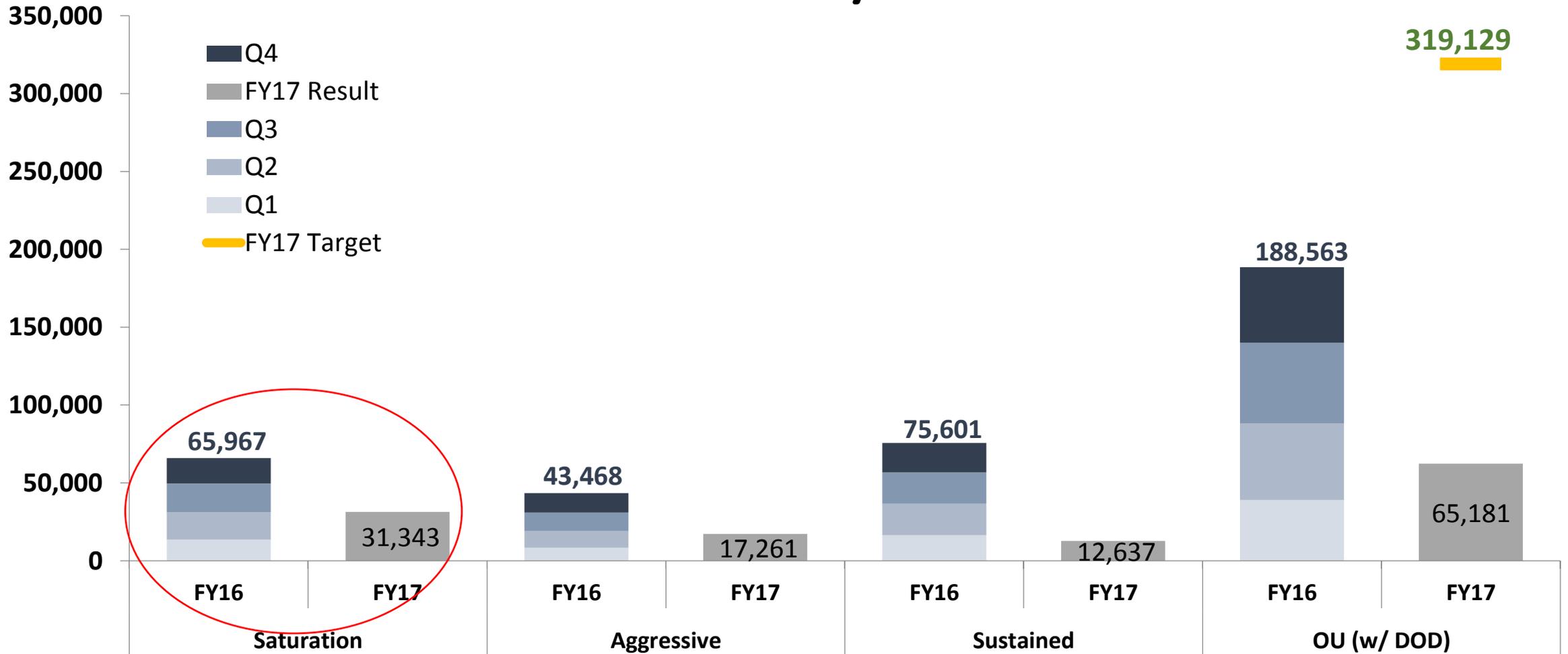


New on Treatment: Quarterly Trend by Age and Sex for FY 16 and FY 17 Q1





20% of TX_NEW Target Achieved with Good Results in Priority SNUs – FY17 Q1



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

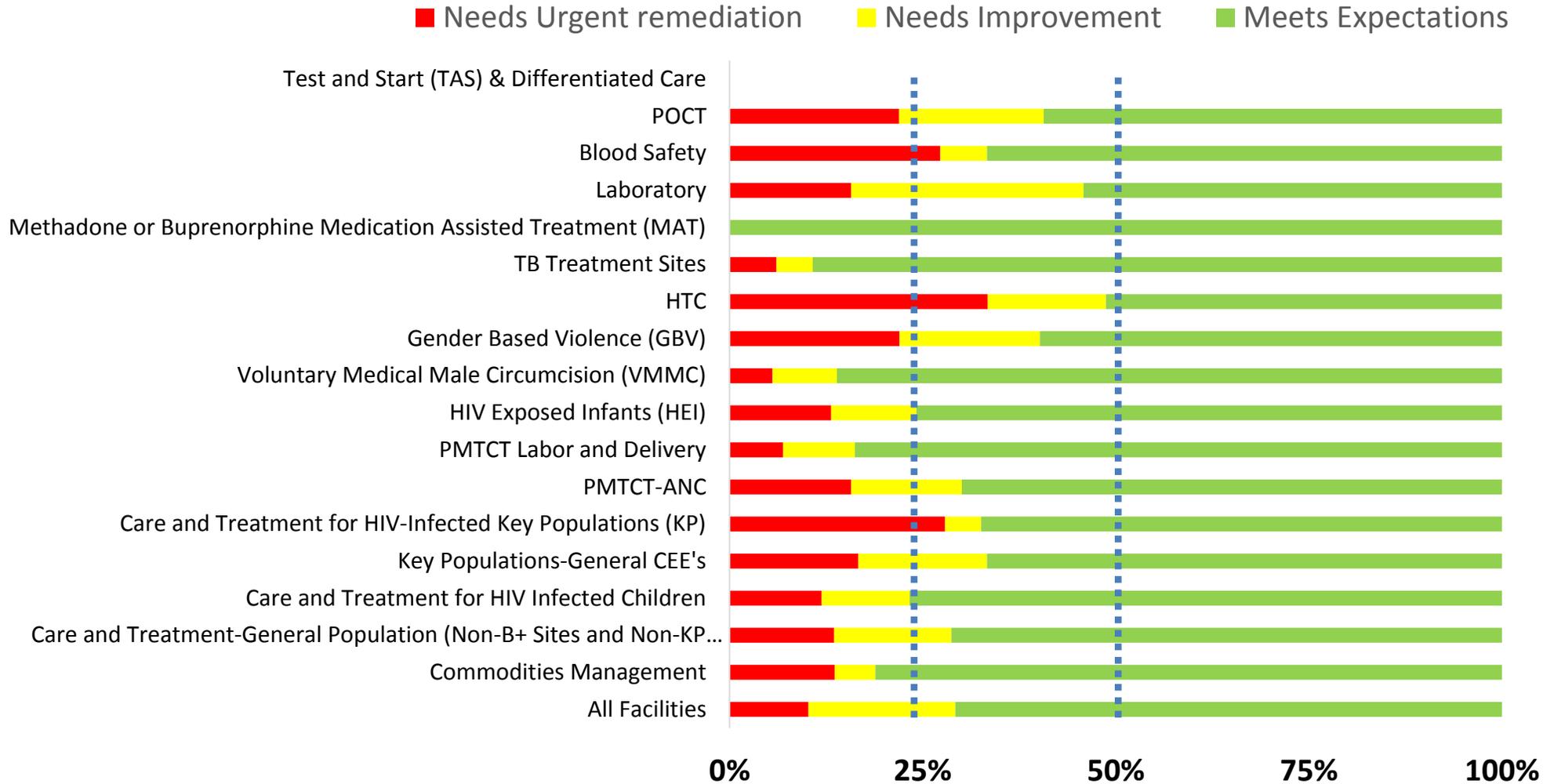


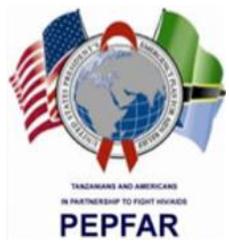
PEPFAR Partner Management Model





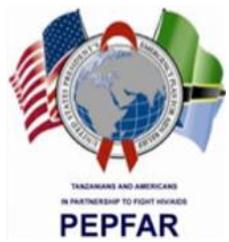
SIMS Score Card : FY16 Q3 & Q4 All Sets





PEPFAR-Global Fund Alignment in 2017

- *Joint Planning Commitment*
 - OGAC representative in Geneva and Fund Portfolio Manager met with the Minister of Health and other stakeholders to ensure that COP 2017 and the GF Funding Request would be jointly planned using common strategies and data sources
- *DCMM Preparation*
 - Global Fund Country Team and Tanzania National Coordinating Mechanism representatives worked with PEPFAR team to prepare the draft COP 2017 tools: Data Pack, PBAC, and Above Site, and participated in pre-DCMM External Stakeholder COP Planning session
- *Post-submission Review and Adjustments*
 - Global Fund RSSH team used the ASL framework to prioritize grant proposal activities
 - PEPFAR and GOT teams have continued to meet and review the COP 2017 submission while working jointly on the ARV and Lab quantification exercises
 - 2 USG participants on the Global Fund Proposal Development Task Force
 - USG participation on writing teams for the grant proposals
 - Discussion in Joburg focused on agreement by PEPFAR and GF to support commodities for the treatment targets in COP 2017

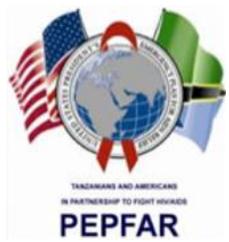


Civil Society and External Stakeholder Feedback during the COP Approval Meeting

- Improve engagement and funding strategies to ensure more meaningful involvement of PLHIV & KPs
- Work with GOT to accelerate adoption of best practices which respect human rights
- More frequent engagement between the PEPFAR team, implementing partners, and local civil society organizations at national and regional settings
- Ensure that the resumption of KP community services clearly articulates the strategies that will rebuild trust with clients and ensure friendly service delivery in all settings
- Provide additional capacity building and funding to local CSOs & Organizations of PLHIV & KPs to advocate and influence the policy environment for better health outcomes



COP 2017 Strategy



Summary of COP 2017 Targets by SNU Type

COP 2017 Targets (APR 2018)								
SNU Priorities	Tested ³	Tested Positive ³	New on Treatment	Current on Treatment	OVCs Served	Key Population Prevention	Priority Population Prevention	VMMC
TOTAL	8,618,896	427,665	359,528	1,246,143	811,639	127,921	234,936	890,168
Attained	225,345	16,781	13,296	50,101	15,877	3,840	5,011	8,667
Saturation	650,4276	328,050	277,957	968,523	794,082	107,511	194,163	510,879
Aggressive	0	0	0	0	0	0	0	0
Sustained	1,621,366	63,467	51,886	192,611	-	16,570	31,160	355,600
Other	267,909	19,367	16,389	34,908	1,680	-	4,602	15,022



FY18 HTC target yields & distributions by service delivery point (excl. VMMC)

	Service entry point	Testing modality used*			
			FY18 Target Yield	FY18 Positive Distribution	FY18 Test Distribution
PITC	Facility-based Index Testing	Partner notification plus (PN+)	11%	14%	7%
	In-Patient Dept	PITC	4%	5%	8%
	TB service point	PN+	37%	5%	1%
	Other PITC (OPD, STI)	TB suspects, STI, & PN+ using screening tool	6%	57%	55%
CBTC	Community-based Index Testing	PN+	4%	8%	13%
	Mobile outreach	IPNT	3%	11%	16%

HTS: Direction and Technical Approaches

Direction: Strategically targeting priority populations under <30 such as OVC, AGYW and have specific activities targeting men using high yield modalities that include:

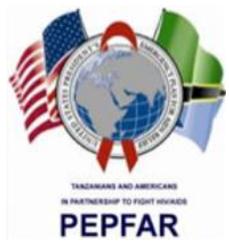
- 1) **Partner notification plus:** testing the partner(s) and family members of PLHIV at the community or in health facilities;
- 2) **Targeted PITC to TB suspects in OPD/IPD:** facility-based partners will work with the MOH to develop site-level standardized process for monitoring and tracking testing for TB suspects and their integration into care.
- 3) **Targeted PITC to STI clients in OPD/Specialized STI Clinics**
- 4) **Peer network testing:** COP 17 will use program data, as well as global best practices, to implement peer testing strategies among key and at-risk priority populations.
- 5) **Risk screening among OVC** including children of KP
- 6) **Increasing male-friendly HTS services for men <35**

Increasing Male Friendly HTS Services

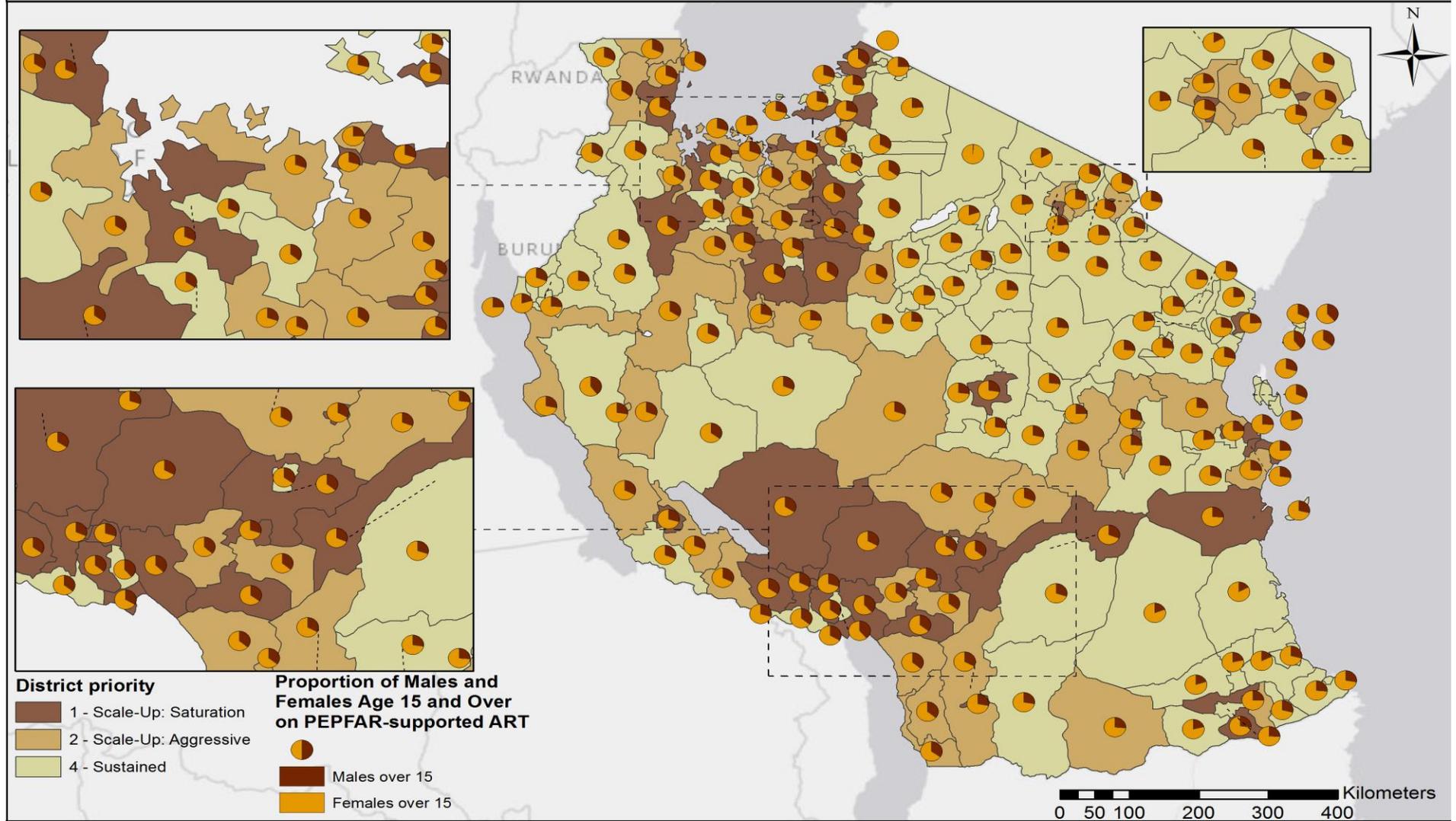
- Extended testing hours to weekends and evenings
- Integrated mobile testing with other health services such as hypertension, diabetes, and prostate screening
- Leverage community mobilizers to promote testing at workplaces and sporting events where men congregate
- Ensure male clinical providers are available to men in outreach services

Strategies to improve linkages

- Escorted referrals - Using expert patients/peer navigators
- Strengthen reminder system for appointments and enrolment (SMS reminders; dedicated linkage follow up calls).
- Maximizing use of CHWs to address linkage gaps by location, age and sex
- Use of unique identification codes to track individuals from HIV testing through ART initiation and onto viral suppression
- Ensure quarterly analysis of linkage data by site, SNU and IM-level
- Address current gaps in post-test counseling to ensure 100% enrolment; ART adherence and VL monitoring, prioritized according to:
 - Newly diagnosed
 - Known adherence challenges
 - Those who fail treatment



TANZANIA: Proportion of Males and Females Age 15 and Over on PEPFAR-supported ART (FY16) and District Prioritization (FY17)



District priority

- 1 - Scale-Up: Saturation
- 2 - Scale-Up: Aggressive
- 4 - Sustained

Proportion of Males and Females Age 15 and Over on PEPFAR-supported ART

- Males over 15
- Females over 15

Names and boundary representation are not necessarily authoritative.

Some countries have not reported prioritization for all SNUs at the level at which prioritization occurs.

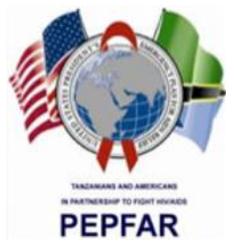
Data Elements:

1. FY17 SNU Prioritization
2. TX_CURR APR16 Male, Age 15 +
3. TX_CURR APR16 Female, Age 15+

Note: Use of Finer or Coarse Age/Sex disaggregates was based on data completeness. For Tanzania, finer age disaggregates were used.

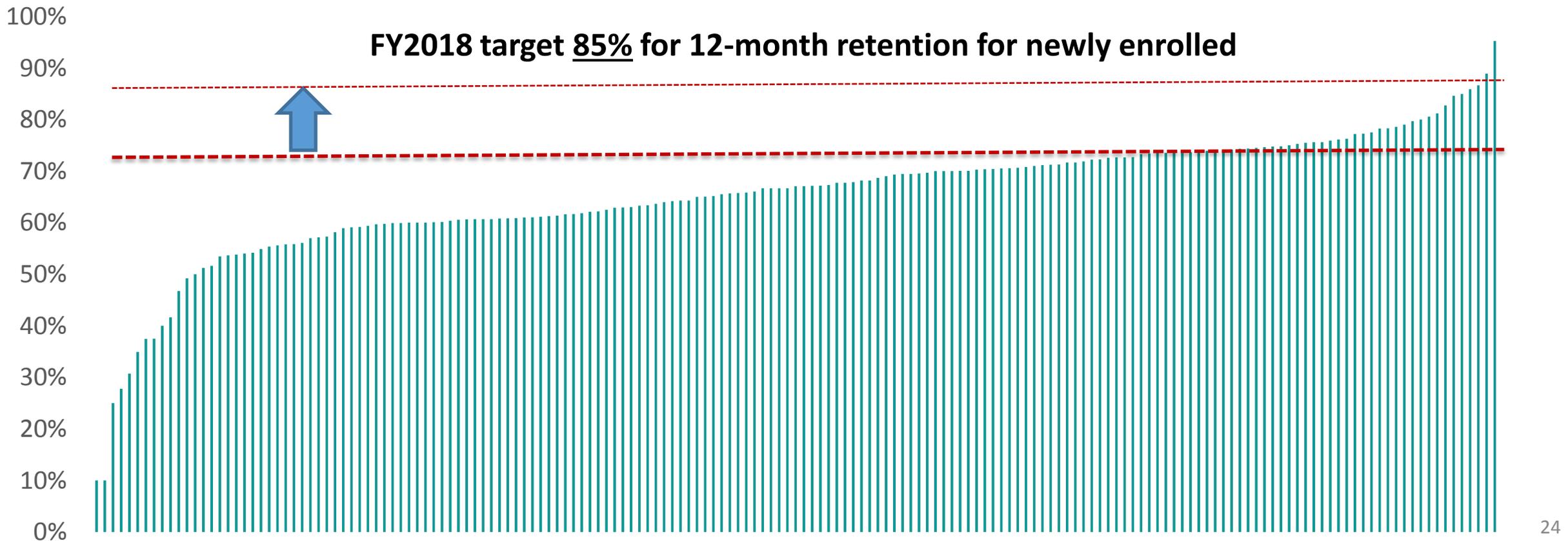
Source:
ICPI FactView_PSNU_20161230

January 09, 2017



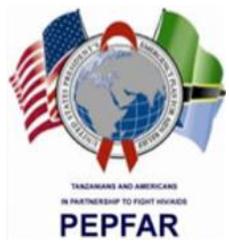
12-Month Retention for Newly Enrolled by SNU: Variable, but overall low FY2016 Performance

Distribution of 12-Month Retention (%) by Council:
All Partners and Implementing Mechanisms

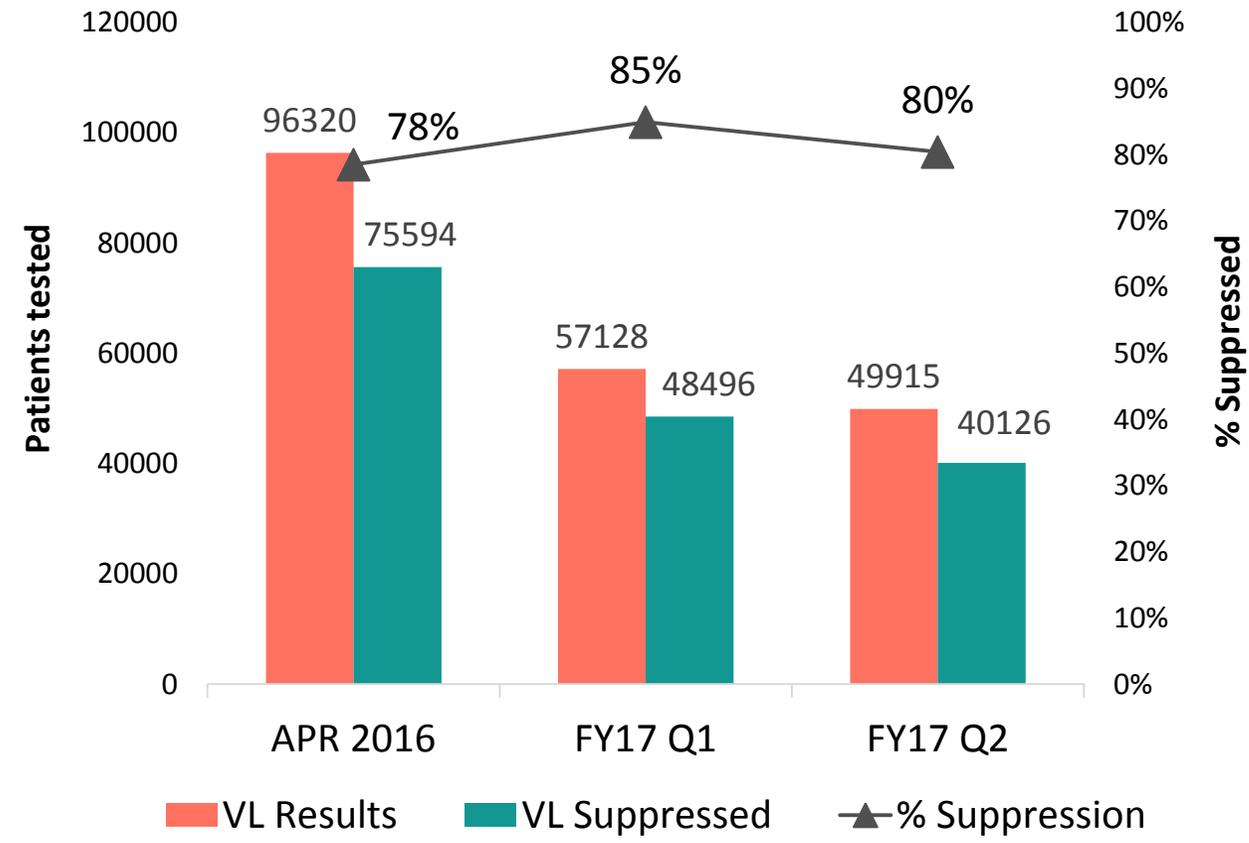


Technical Approaches to Identifying LTFU and Promoting Retention on ART

- Accelerate use of national, standardized tools to identify clients who are LTFU or aging out of pediatric populations
- Standardized Site, SNU and IM-level retention cascade analyses
 - Monitor retention outcomes at 6-, 12-, 24-, and 48-months (with age & gender disaggregates, priority sub-groups)
 - Rapid development of dashboard for retention performance monitoring and partner management
- Strengthen routine CTC2 data regarding pharmacy refills and inter-facility mobility
- Dedicated case management teams for complex cases, e.g. Bukoba CP study
- Scale up PLHIV treatment support groups at all CTCs
- High coverage SMS reminders for routine and missed appointments and ARV refills, based on SNU/IM-level performance levels



Overall performance in Third 90: APR 2016, FY17 Q1 and Q2



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



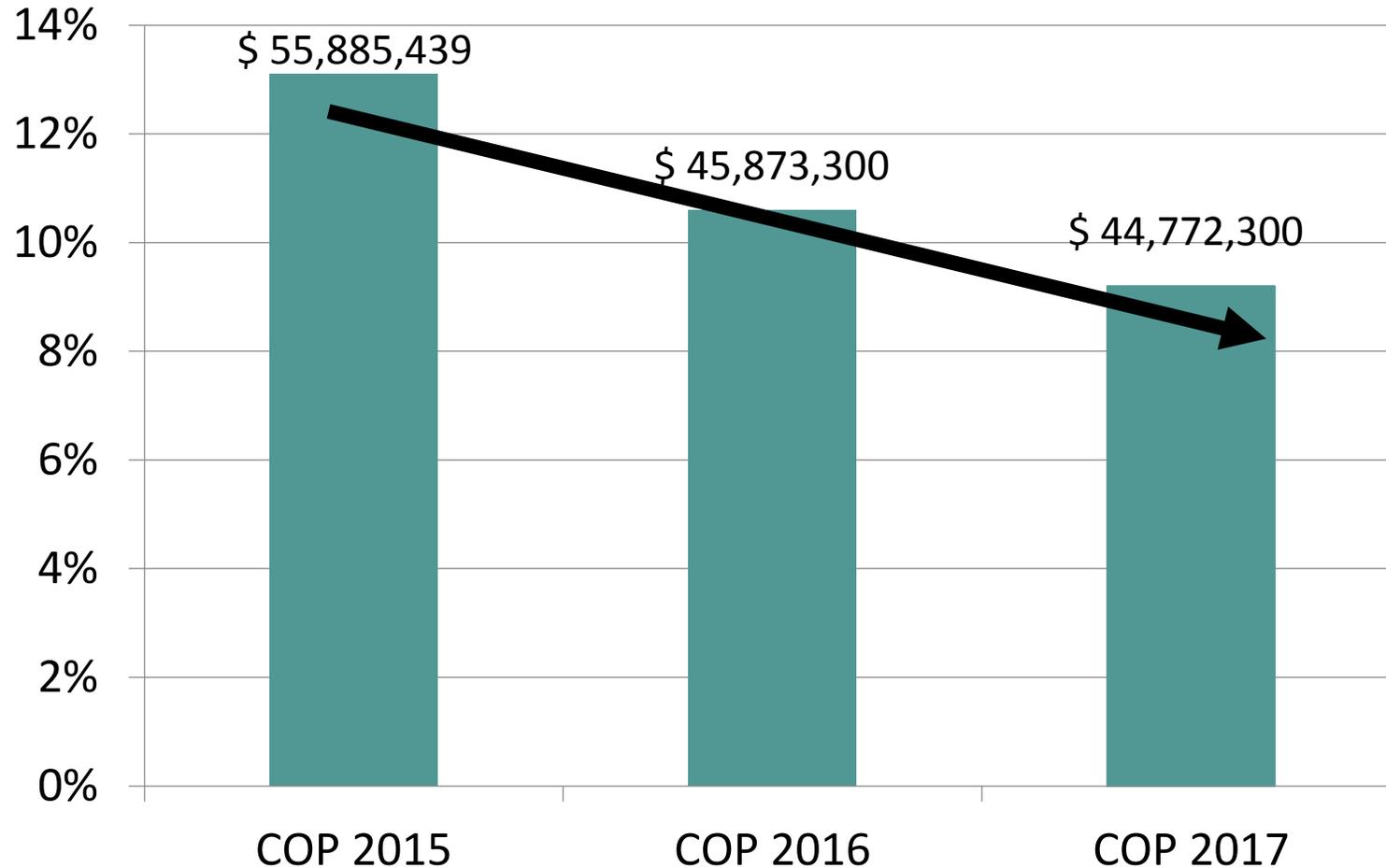
Three Month VL Action Plan (May – July 2017)

- Increase laboratory VL testing capacity:
 - Complete the installation of Abbott m2000 platform
 - Introduce 3 testing shifts (24 hours) in all VL testing laboratories
 - Clear all infant testing/VL samples backlog by May 6, 2017
- Adapt and implement VL SOPs and tools for patient tracking, Lab, Hubs, and CTCs.
- Strengthen existing hubs and plan for phased hub scale up
- Establish functional specimen tracking system, including use of barcode
- Conduct infant testing/VL refresher training for all CTCs
- Develop plan for strategic roll out of VL DBS samples
- Conduct quarterly data-driven VL coordination meetings with Regional Health Management Teams (RHMTs) and weekly national VL TWG meetings



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

Above-Site Site Funding Trend Declining as Both a Percent of Budget and Value



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

ASL Activities: Client Level Data Systems, Aggregate Reporting

Barriers: Data, Systems, Human Resources, Governance, Finance

Achievements to Date

- 1) Data quality in government system and alignment between PEPFAR and GOT data
- 2) ~70 % clients supported by electronic systems
- 3) Starting automated reporting of client level data and aggregate data.
- 4) HR and governance strengthened for coordination of data system investments

Expected Three Year Outcomes

- 1) 90% of HTX clients supported by electronic systems. 70% for HTC.
- 2) 80% of HTX, 60% of HTC clients data in national repository
- 3) 60% HTX, 40% HTC linked to Client Register for identification
- 4) HTC positives linkage to treatment supported by electronic systems

ASL Activities: Finance and Transparency

Barriers: Systems, Governance, Finance

Achievements to Date

- 1) GOT agreed to disburse funds directly to facility bank accounts to improve quality of care.
- 2) Resource allocation formula developed for efficient disbursements to facilities and LGAs
- 3) Facility level financial reporting system developed for accountability in use of funds.
- 4) LGA websites with budget and HIV data rolled out nationwide to all LGAs,
- 5) GOT Public portal for data dissemination and district health profiles

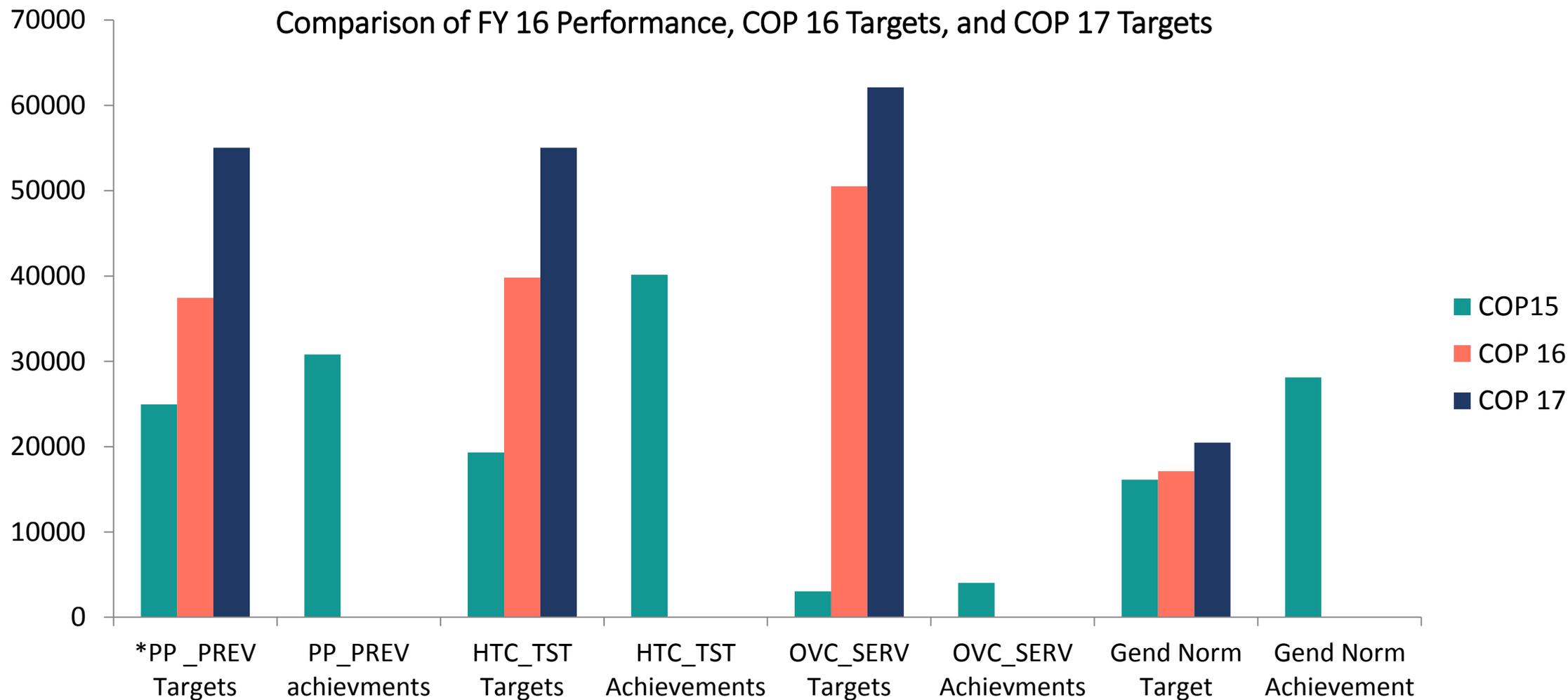
Three Year Outcomes

- 1) Facilities in scale-up LGAs receive timely disbursements of funds
- 2) Transparent and timely disbursements to facilities and LGAs giving them more resources to plan and work with
- 3) 100% of funds allocated to health and HIV are expended for intended purpose

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



DREAMS Targets and Results



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

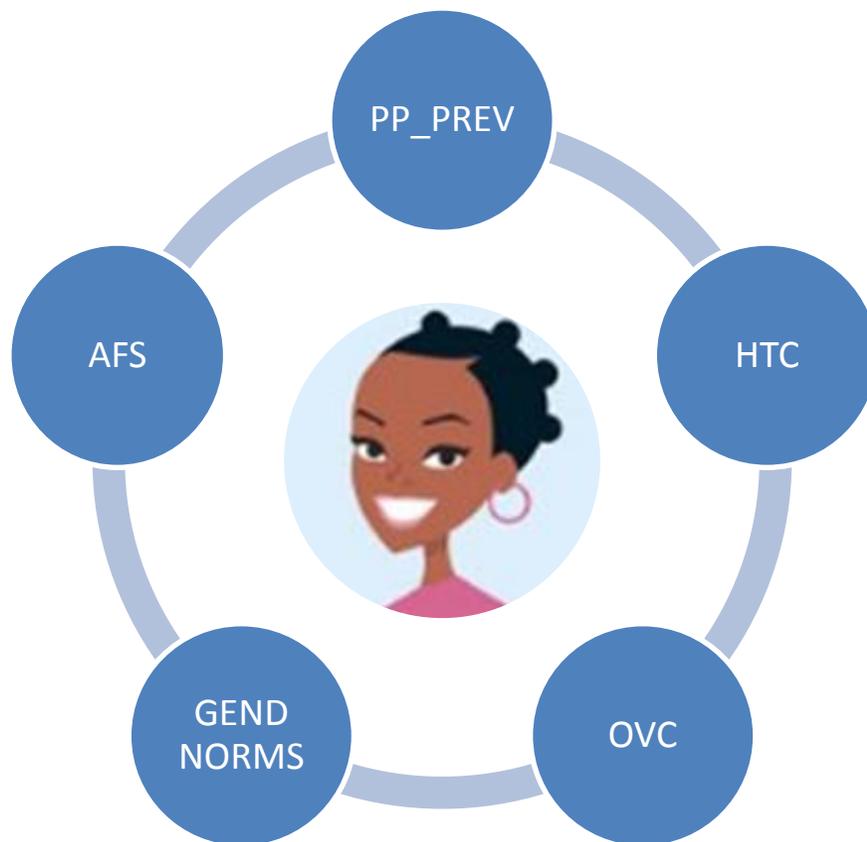


Layered DREAMS Prevention Package: Women <30

- Dedicated AGYW hotline with referrals to services
- Condom provision
- Contraceptive mix
- Links to testing

- Scale up Adolescent-friendly health services

Structural interventions
community level
norms change



- Targeted AGYW testing campaigns
- Escorted referrals to treatment
- STI screening
- Alcohol & drug screening
- GBV Referrals

- Economic strengthening
- Parenting Education
- GBV referrals
- Links to health

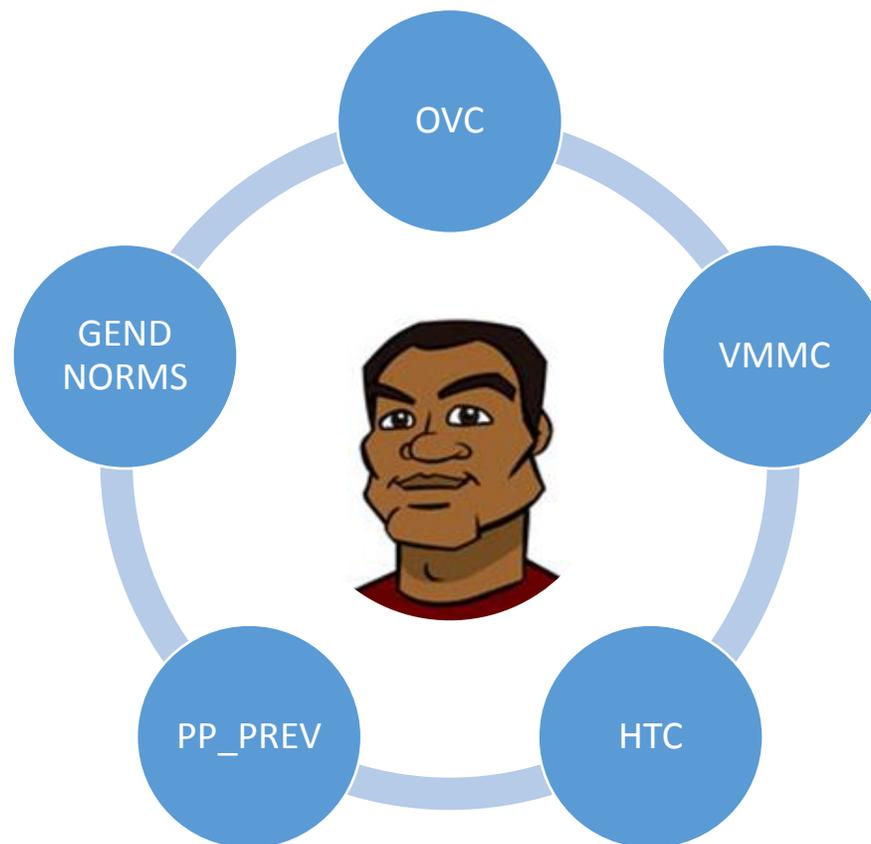
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT



Layered Prevention Package: Men <30

- Community based gender norms training (GBV prevention)

- Condom Promotion & provision
- Links to testing

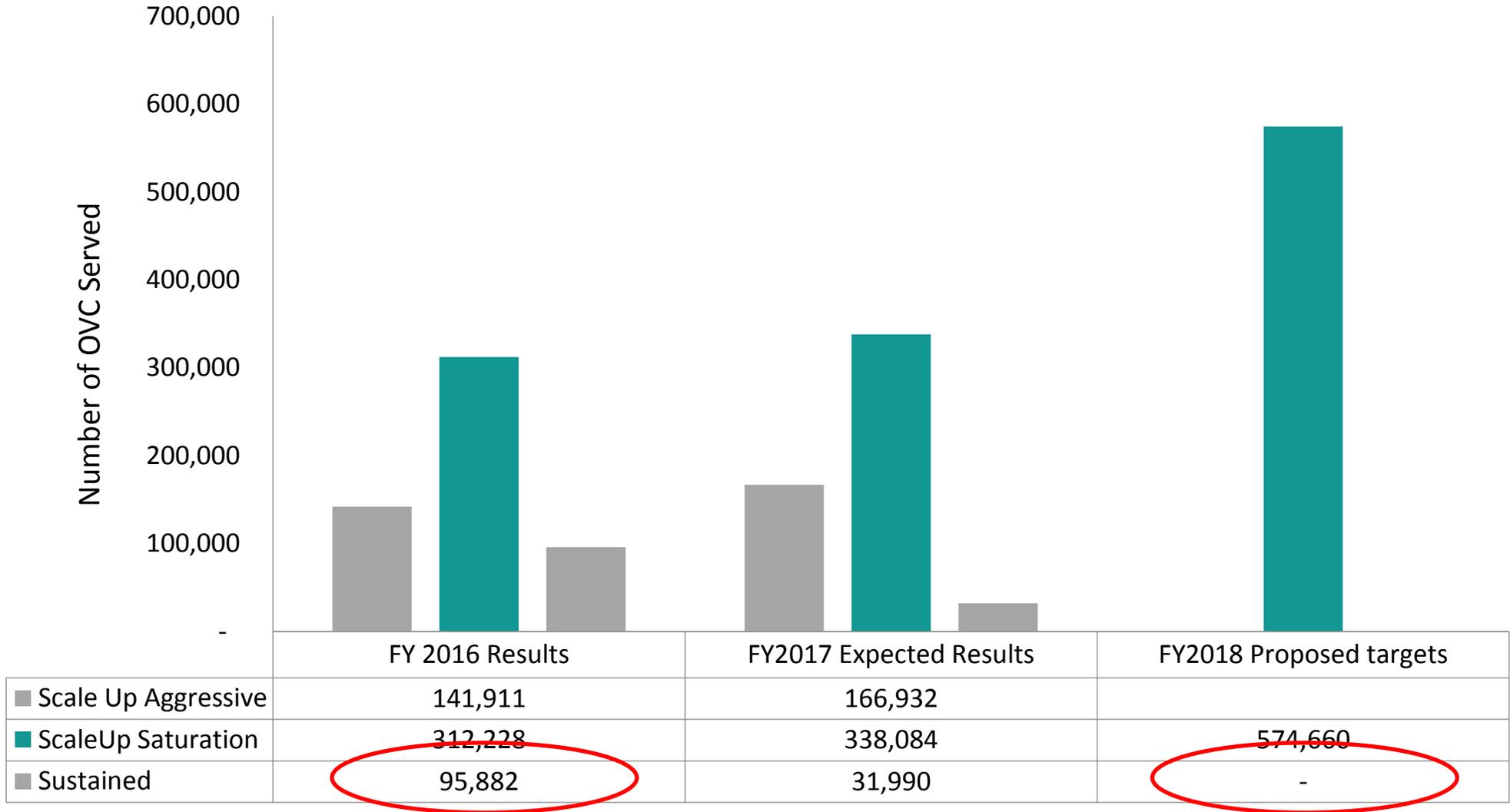


- Economic strengthening
- Parenting Education
- GBV referrals
- Links to health

- Male circumcision
- Targeted BCC messages through SMS

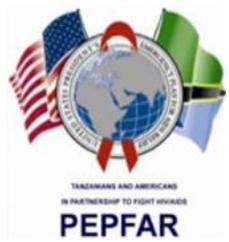
- Targeted HIV testing
- STI screening
- Alcohol & drug screening
- GBV Referrals

OVC: Geographic Shifts and Targets



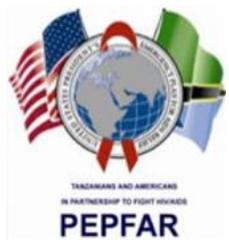
OVC Platform for HIV and GBV Risk Avoidance and Reduction

- **Keep girls safe in school through education subsidies**
Increase education attainment for girls
- **Expand positive parenting for parents of adolescents girls**
Improve positive parent-adolescent communication to foster openness and discussion around HIV related behaviors
- **Increase access to HIV/SRH services among adolescent girls**
Implement HURU activity and conduct sexual reproductive health sessions
- **Addressing gender biased social norms, GBV, and child abuse**
Create awareness on GBV through full community engagement and respond to GBV through One-Stop Center



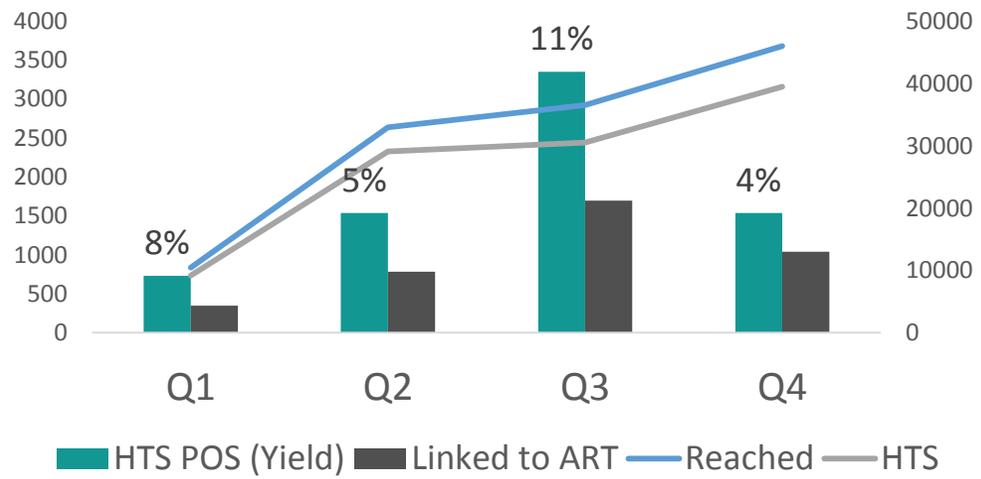
PrEP for FSW and AGYW in COP 17

SNU Category	Total SNUs	Target
Scale-Up Saturation	16	11,778
Attained	1	298
Total	17	12,076

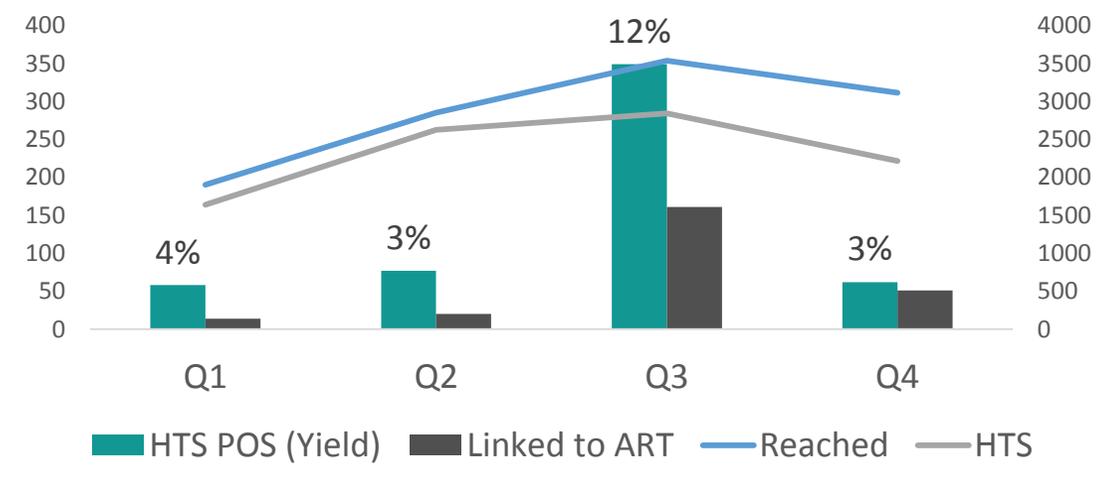


Key Populations HIV Cascade by Type: FY 16

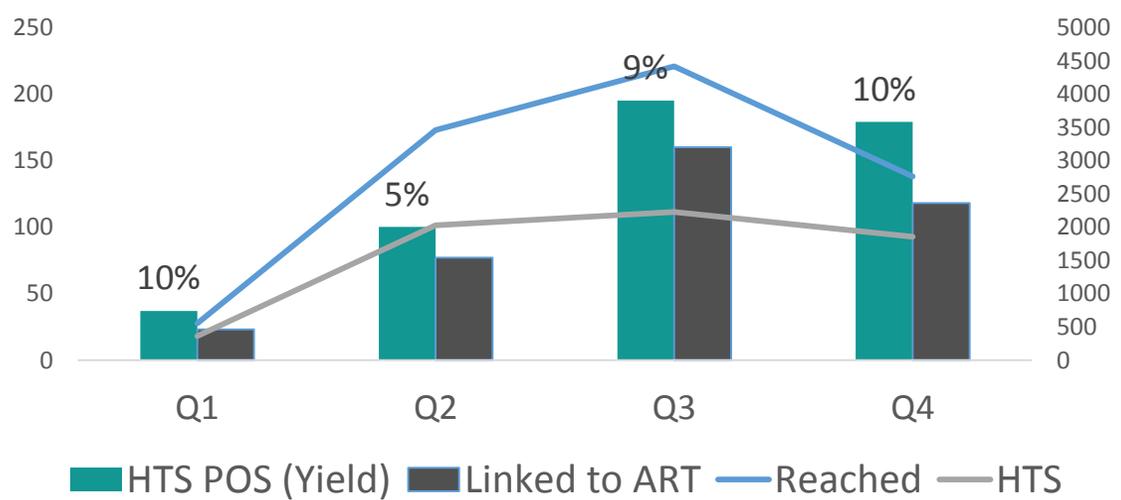
FSW Cascade FY 16

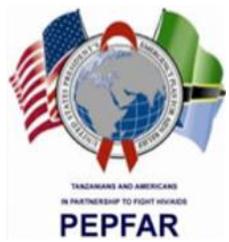


MSM Cascade FY 16



PWID Cascade FY 16

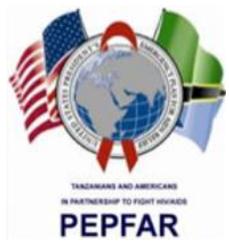




COP 17 Key Populations Cascade Targets

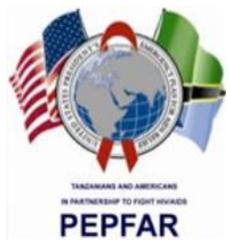
	FY18 Target	HTC_TST	HTC_POS	Enrolled ART	VL<1000
FSW	108,007	97,206	12,024	9,619	7,845
MSM	13,712	12,343	722	578	468
PWID	6,202	5,581	454	363	294
Total	127,921	115,130	13,200	10,560	8,607

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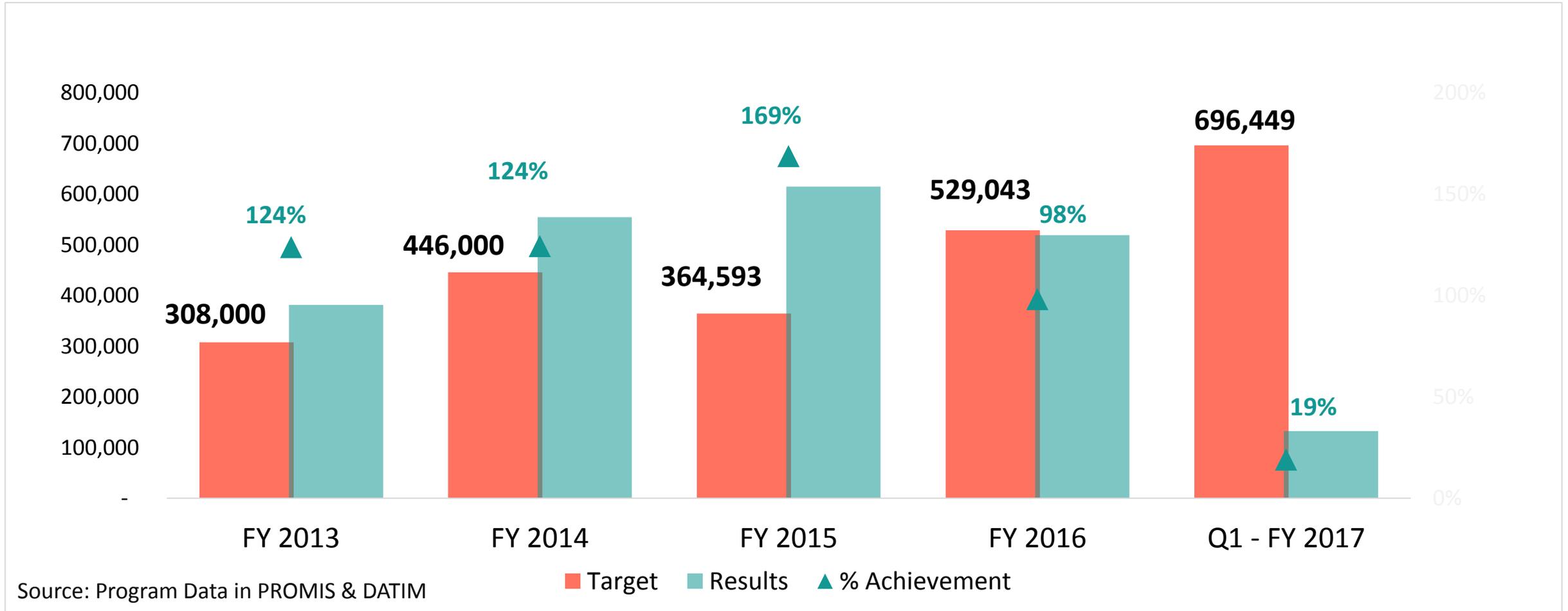


VMMC: Key Decisions

Strategy/Program Direction	Key Decisions	Partner Performance
<ul style="list-style-type: none"> • Alignment with ART scale-up strategy • Alignment with DREAMS as applicable • Focus on males aged 10-29 • Reach saturation in all priority SNUs 	<ul style="list-style-type: none"> • Rely on passive demand for males aged 10-19 and focus demand activities on males aged 20-29 • Adjusting service delivery models to appeal to older men • Specific campaigns targeting female partners and wives in ANC and DREAMS locations 	<ul style="list-style-type: none"> • Demand creation activity design that is targeted and strategic based on priority age and SNUs • Coordination and linkages with ART clinical and DREAMS partners • Innovative service delivery approaches to reach older males.



VMMC Performance FY 13 – FY 17 Q1



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Annual Investment Profile by Program Area

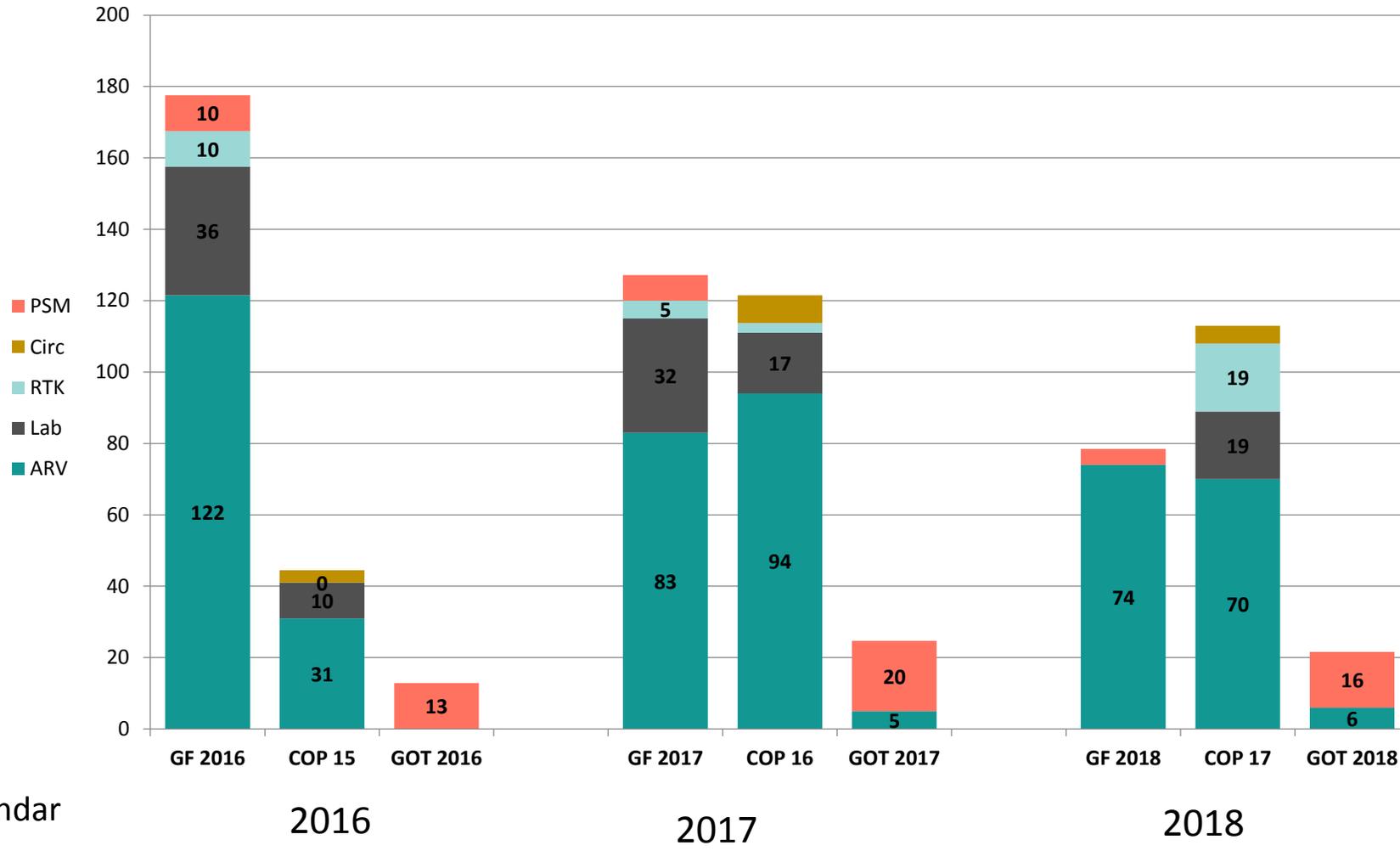
Table 2.2.1 Investment Profile by Program Area

Program Area	Total Expenditure	% PEPFAR	% GFATM	% GOT*	% Other
Clinical care, treatment and support	\$227,787,733	53.8%	42.8%	3.4%	0.1%
Community-based care, treatment and support	\$30,048,113	100%	0%	0%	0%
PMTCT	\$40,377,176	98.9%	0.4%	0.7%	0%
HTS	\$53,127,748	68.7%	6.1%	25.2%	0%
VMMC	\$23,232,838	100%	0%	0%	0%
Priority population prevention	\$19,306,802	78.5%	9.5%	0%	12%
Key population prevention	\$10,893,941	60.5%	39.5%	0%	0%
OVC	\$34,111,392	90.2%	0%	0%	9.8%
Laboratory	\$22,140,454	69.2%	0%	30.8%	0%
SI, Surveys and Surveillance	\$12,210,139	97.1%	2.9%	0%	0%
HSS	\$12,427,378	27.6%	44.8%	0%	27.6%
Other	\$18,473,399	21%	77%	2%	0%
Total	\$504,137,112	67%	25%	6%	2%

*GOT data from Tanzania's Annual Report to the Global Fund on Willingness to Pay and doesn't capture infrastructure and human resource contributions at the intervention levels as defined by the COP.

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Trends of Investments by Donor and Commodity Type

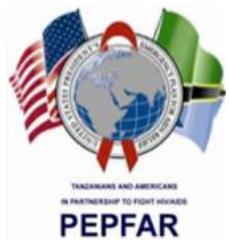


Source: Global Fund and PEPFAR Historical and Projected Budgets

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COP 2016 vs COP 2017 Budget Code Totals

PEPFAR Budget Code	Budget Code Description	COP 2016 Total	COP 2017 Total
CIRC	Male Circumcision	\$36,204,691	\$26,414,239
HBHC	Adult Care and Support	\$21,886,013	\$17,514,142
HKID	Orphans and Vulnerable Children 	\$34,718,504	\$41,915,057
HLAB	Lab	\$2,747,325	\$5,451,742
HTXS	Adult Treatment 	\$115,873,281	\$133,458,471
HTXD	ARV Drugs	\$94,324,063	\$70,230,944
HVCT	Counseling and Testing	\$17,665,146	\$55,014,531
HVMS	Management & Operations	\$23,832,662	\$27,881,735
HVOP	Other Sexual Prevention 	\$13,179,524	\$25,494,194
HVSI	Strategic Information	\$8,623,712	\$7,977,869
HVTB	TB/HIV Care 	\$7,597,359	\$16,449,317
IDUP	Injecting and Non-Injecting Drug Use	\$3,348,839	\$3,349,600
MTCT	Mother to Child Transmission	\$25,249,164	\$22,336,721
OHSS	Health Systems Strengthening	\$12,148,822	\$12,486,581
PDCS	Pediatric Care and Support	\$2,018,630	\$1,579,184
PDTX	Pediatric Treatment	\$9,788,153	\$11,797,068
HMBL	Blood Safety	\$736,500	\$849,988
HMIN	Injection Safety	\$57,612	\$68,391
HVAB	Abstinence/Be Faithful 	\$ -	\$2,590,174
TOTAL	COP	\$430,000,000	\$482,859,944



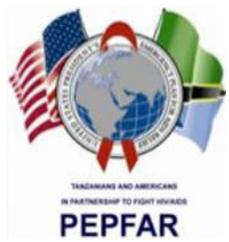
Earmark Allocations

- New FY 2017 funds allocated to care and treatment: \$239,346,186
 - COP17 requirement: \$235,062,587 (based on new funding)
- New FY 2017 funds allocated to OVC: \$15,274,332
 - COP17 requirement: \$15,274,332
 - *Note: Original OVC Earmark of \$34,718,504 waived due to offset of increased applied pipeline in COP 2017*
- New FY 2017 funds allocated to Water: \$2,097,350
 - COP17 requirement: \$1,000,000
- New FY 2017 funds allocated to GBV: \$10,476,200
 - COP17 requirement: \$6,841,000

SUMMARY

PEPFAR Budget Code	Budget Code Description	TBB	Commodities	Above	Site	PM,SI	M&O	Total	Applied Pipeline	New
CIRC	Male Circumcision	\$10,747,170	\$5,536,385	\$636,000	\$845,000	\$8,426,515	\$223,169	\$26,414,239	\$6,500,402	\$19,913,837
HBHC	Adult Care and Support	\$10,724,503	\$0	\$2,027,800	\$594,000	\$4,013,060	\$154,779	\$17,514,142	\$6,040,959	\$11,473,182
HKID	Orphans and Vulnerable Children	\$23,444,165	\$0	\$1,038,500	\$4,209,161	\$13,154,840	\$68,391	\$41,915,057	\$26,640,725	\$15,274,332
HLAB	Lab	\$0	\$126,618	\$1,661,300	\$1,701,800	\$1,396,900	\$565,122	\$5,451,740	\$801,147	\$4,650,593
HTXS	Adult Treatment	\$75,820,871	\$18,981,413	\$8,304,680	\$6,519,000	\$22,331,514	\$1,500,992	\$133,458,471	\$22,059,274	\$111,399,197
HTXD	ARV Drugs	\$0	\$70,112,160	\$0	\$0	\$0	\$118,784	\$70,230,944	\$0	\$70,230,944
HVCT	Counseling and Testing	\$26,409,483	\$19,106,438	\$1,208,000	\$843,000	\$7,076,861	\$370,749	\$55,014,531	\$9,025,068	\$45,989,463
HVMS	Management & Operations	\$0	\$0	\$0	\$0	\$0	\$27,881,737	\$27,881,737	\$12,599,116	\$15,282,621
HVOP	Other Sexual Prevention	\$9,748,113	\$0	\$2,046,460	\$8,034,577	\$5,506,666	\$158,378	\$25,494,194	\$2,355,823	\$23,138,371
HVSI	Strategic Information	\$0	\$0	\$4,554,238	\$0	\$1,393,512	\$2,030,119	\$7,977,869	\$1,607,386	\$6,370,483
HVTB	TB/HIV Care	\$6,593,119	\$5,747,865	\$799,500	\$838,500	\$2,355,149	\$115,184	\$16,449,317	\$700,889	\$15,748,428
IDUP	Injecting and Non-Injecting Drug Use	\$2,240,033	\$0	\$0	\$0	\$519,246	\$590,318	\$3,349,597	\$595,730	\$2,753,867
MTCT	Mother to Child Transmission	\$15,332,640	\$0	\$1,308,600	\$826,200	\$4,588,520	\$280,761	\$22,336,721	\$6,797,920	\$15,538,801
OHSS	Health Systems Strengthening	\$0	\$0	\$8,500,300	\$0	\$2,409,700	\$1,576,582	\$12,486,582	\$2,450,000	\$10,036,582
PDCS	Pediatric Care and Support	\$1,214,945	\$0	\$0	\$0	\$281,450	\$82,789	\$1,579,184	\$328,073	\$1,251,111
PDTX	Pediatric Treatment	\$7,433,451	\$0	\$726,000	\$1,228,000	\$2,290,834	\$118,784	\$11,797,068	\$1,046,887	\$10,750,181
HMBL	Blood Safety	\$0	\$0	\$503,200	\$0	\$256,800	\$89,988	\$849,988	\$0	\$849,988
HMIN	Injection Safety	\$0	\$0	\$0	\$0	\$0	\$68,391	\$68,391	\$0	\$68,391
HVAB	Abstinence/Be Faithful	\$0	\$0	\$0	\$1,963,098	\$627,076	\$0	\$2,590,174	\$0	\$2,590,174
TOTAL	COP Funds	\$189,708,495	\$119,610,879	\$33,314,578	\$27,602,337	\$76,628,642	\$35,995,013	\$482,859,944	\$99,549,400	\$383,310,544
		39%	25%	7%	6%	16%	7%	100%		

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Tanzania COP 2017 Areas of Strategic and Technical Focus

- Saturation of all remaining scale-up councils for all sex/age bands by end of COP17/FY18
- Expand & accelerate testing and other evidence-based prevention among men and <30 yo
- Strengthen positivity, linkage and retention rates for all sex/age bands
- Strengthen data use: clinical cascade, evidenced-based decision making at all levels; tracking of community activities
- Partner management → more intensive remediation



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ASANTENI

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