



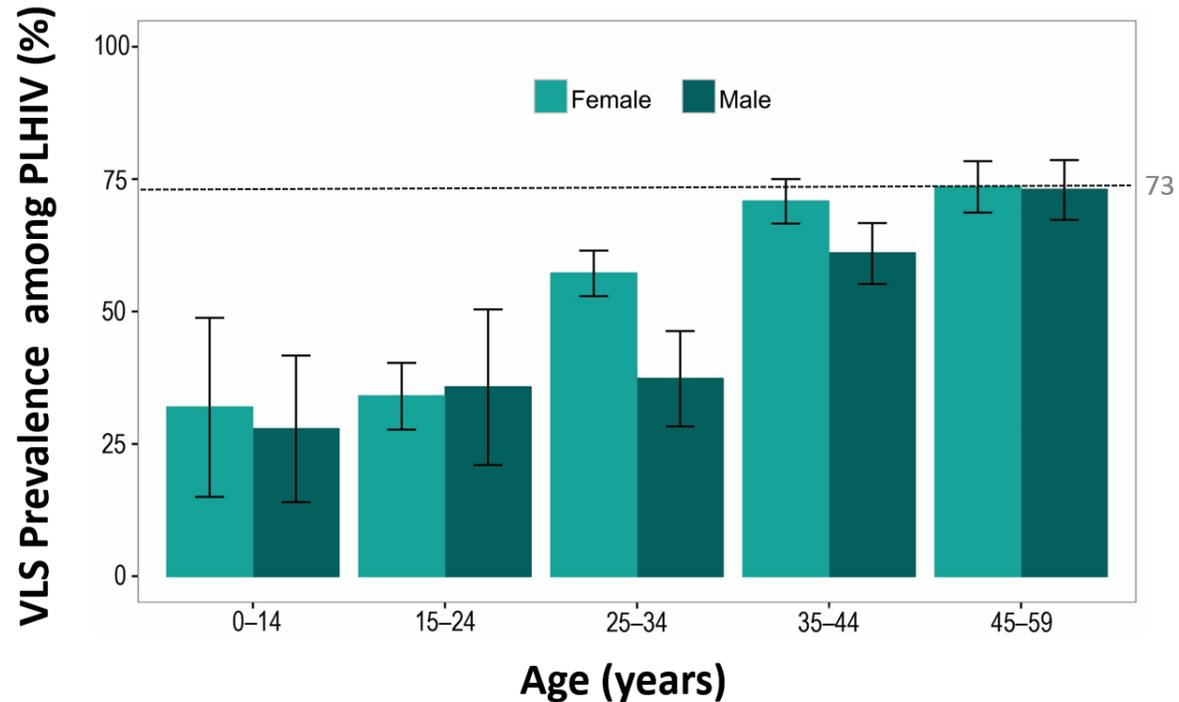
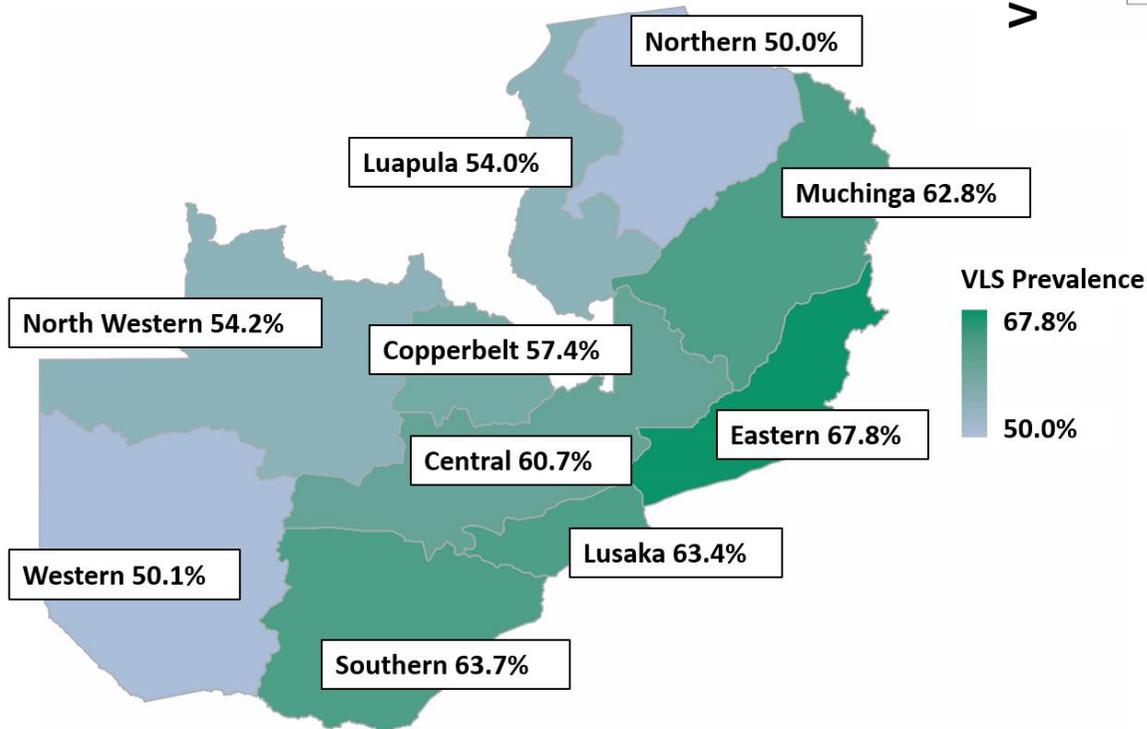
COP 2017 Approval Meeting Out-brief Zambia

April 24-26

PEPFAR Zambia

Epidemic and Strategy at a Glance

- Great progress towards Epidemic Control
- But young people and some regions left behind!



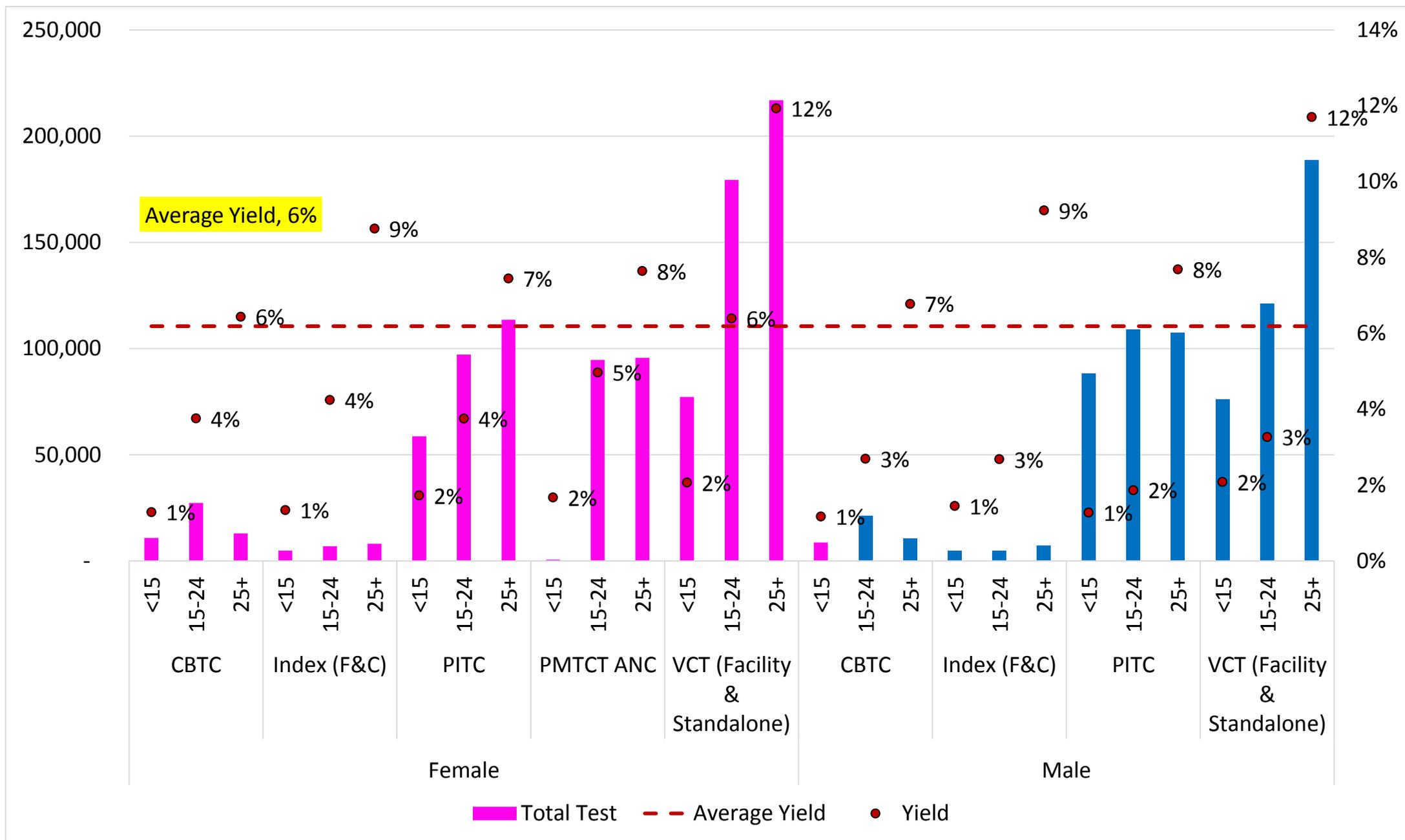
- Focus on Transmission Cycle
- Rapid and Efficient Case Finding, Linkage, Initiation



1st 90: HTC Volume, Modality, Yield

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FY17 Tests and Yield by Entry Point, Age and Sex



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What are we doing now?

- **Increasing and improving case finding**

- Conduct in depth analysis of KP cascades; investigate low yields (MSM)
- Scale up and monitor index testing, partner notification and PITC
- Improving reporting classification of modalities (i.e. VCT, PICT)
- Identify men – targeted community testing; ANC partner testing; PITC throughout the facility

- **LINKAGE, LINKAGE, LINKAGE**

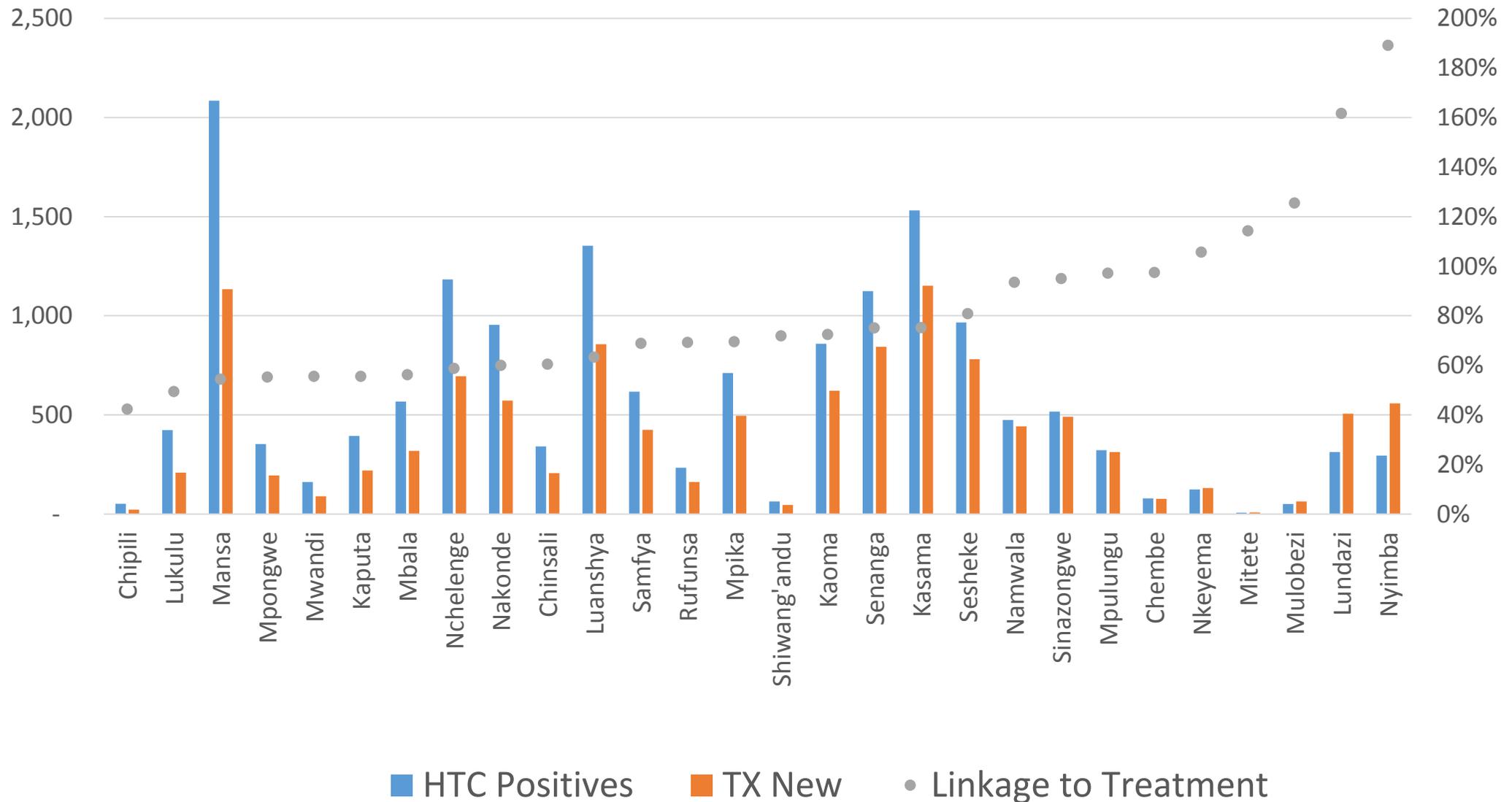
- Although overall linkage has improved from Q1 to Q2, need to link across ALL age and sex bands, especially adolescents
- Community partners to have strong referral and follow up mechanisms
- Focus on partner, district, site performance; follow up with partners with high performance (to identify best practices) and low performance (for corrective action)



2nd 90 – Linkage, TX NEW and TX CURR

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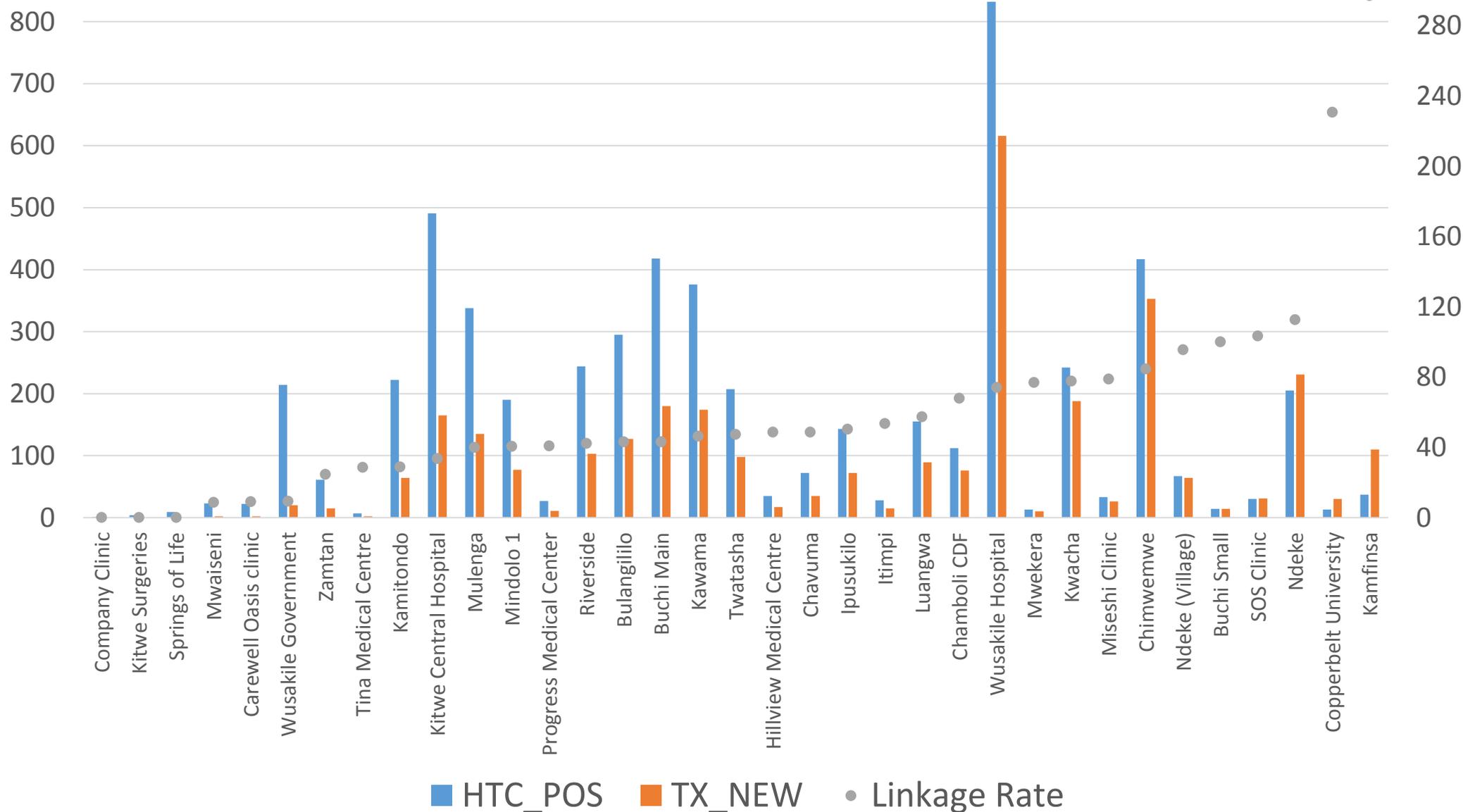
Variable Linkage by District – Aggressive Scale Up



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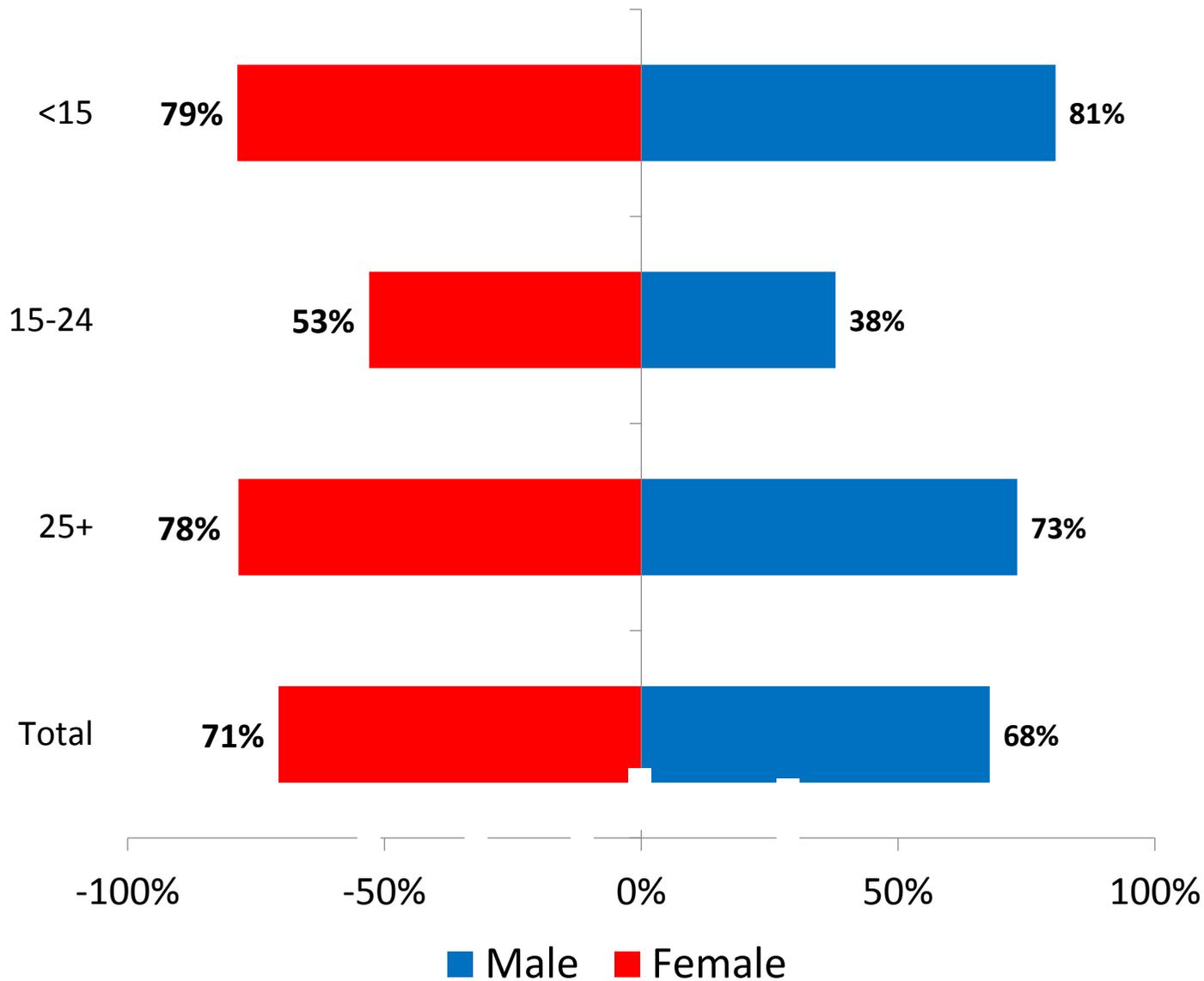
Variable Linkage by Site - Kitwe District



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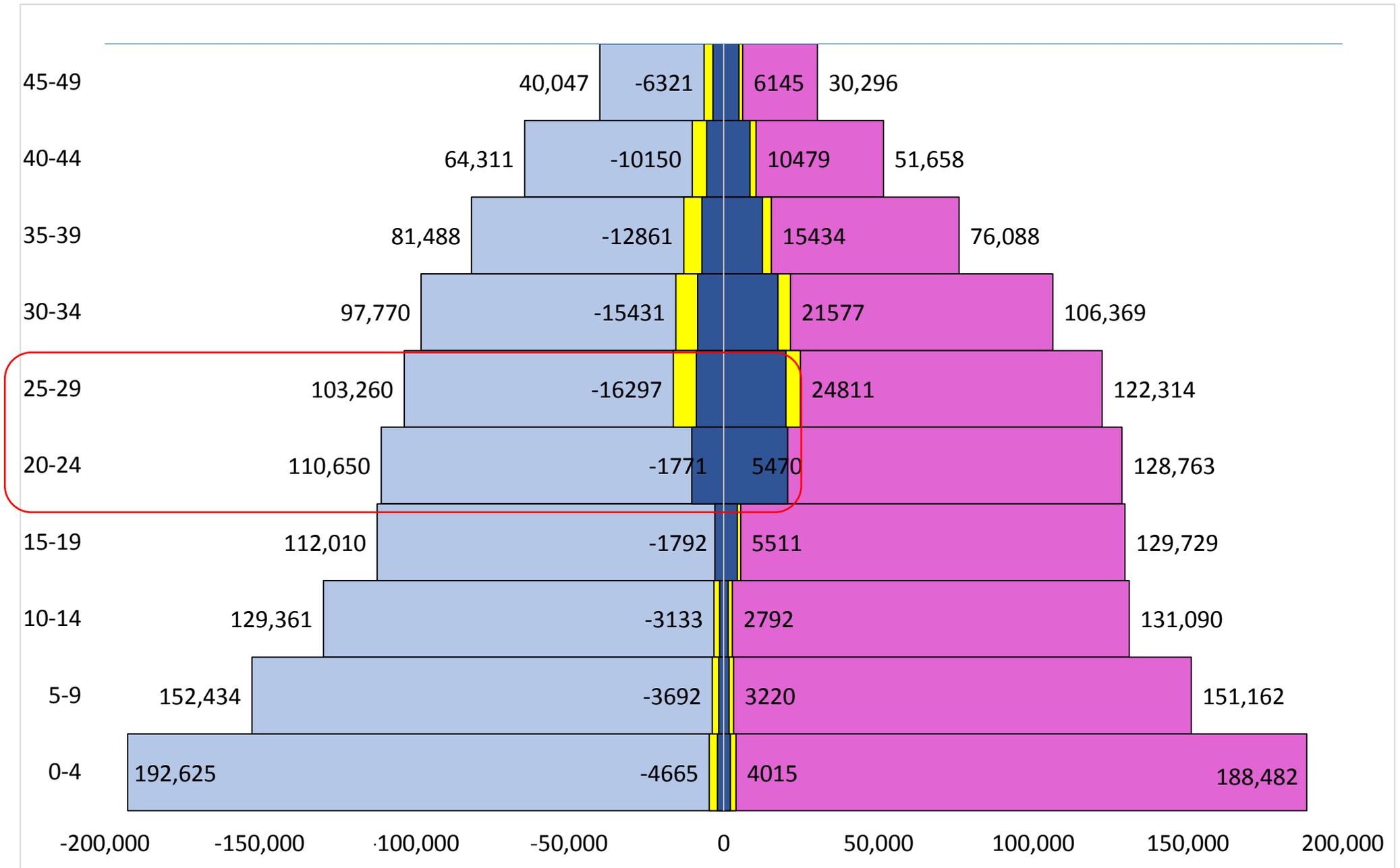
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Q2: Percent of Positives Linked to ART by Age/Sex

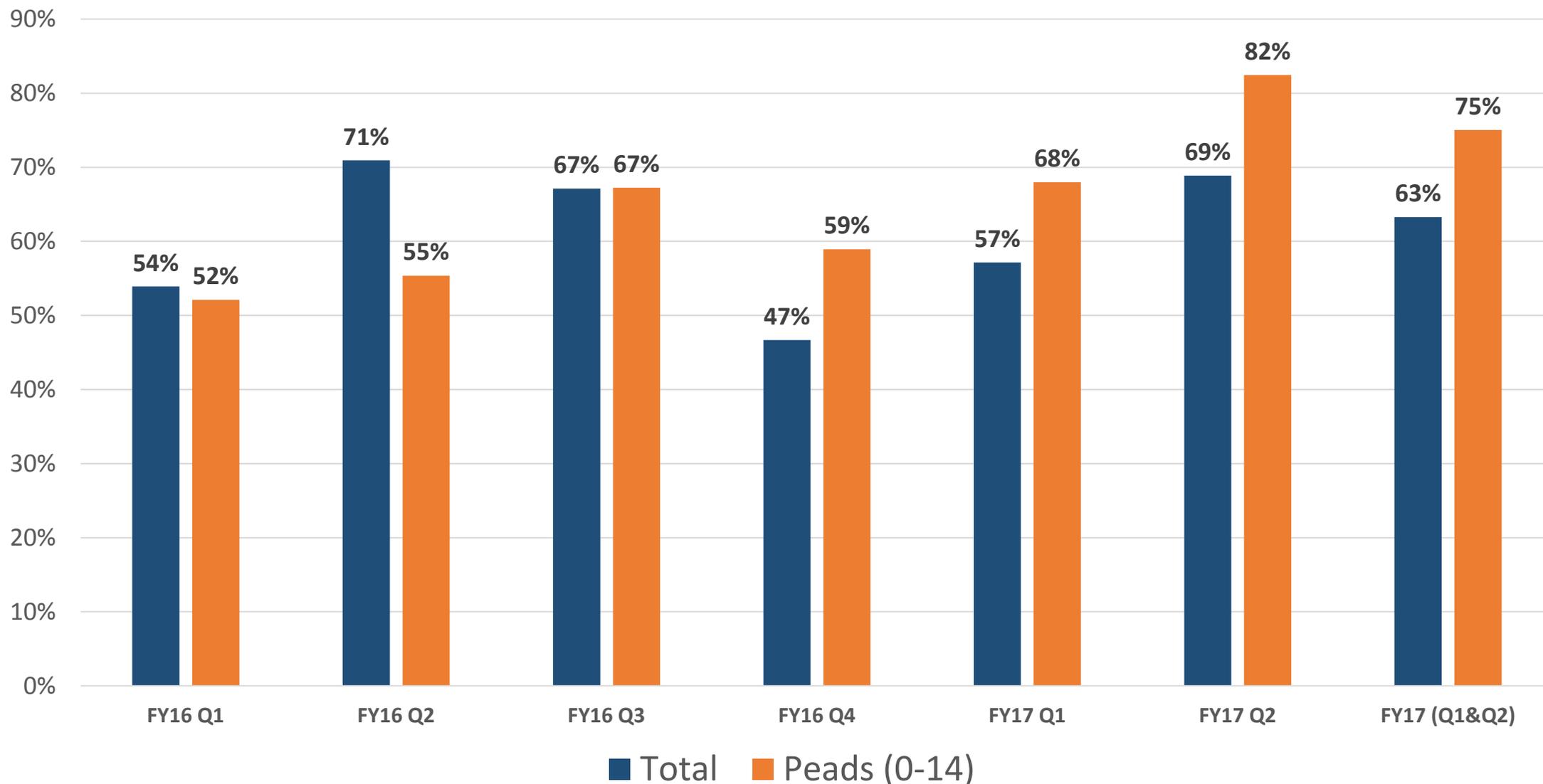


- Follow up by facility/SNU
- Linkage registers
- Test and Treat implementation
- Strengthening of Adolescent HIV services using SIMS remediation
- DCMs e.g. Adolescent CAGs
- Developing Social Media messaging targeted at Adolescents

Finding, Treating and Retaining Men <30



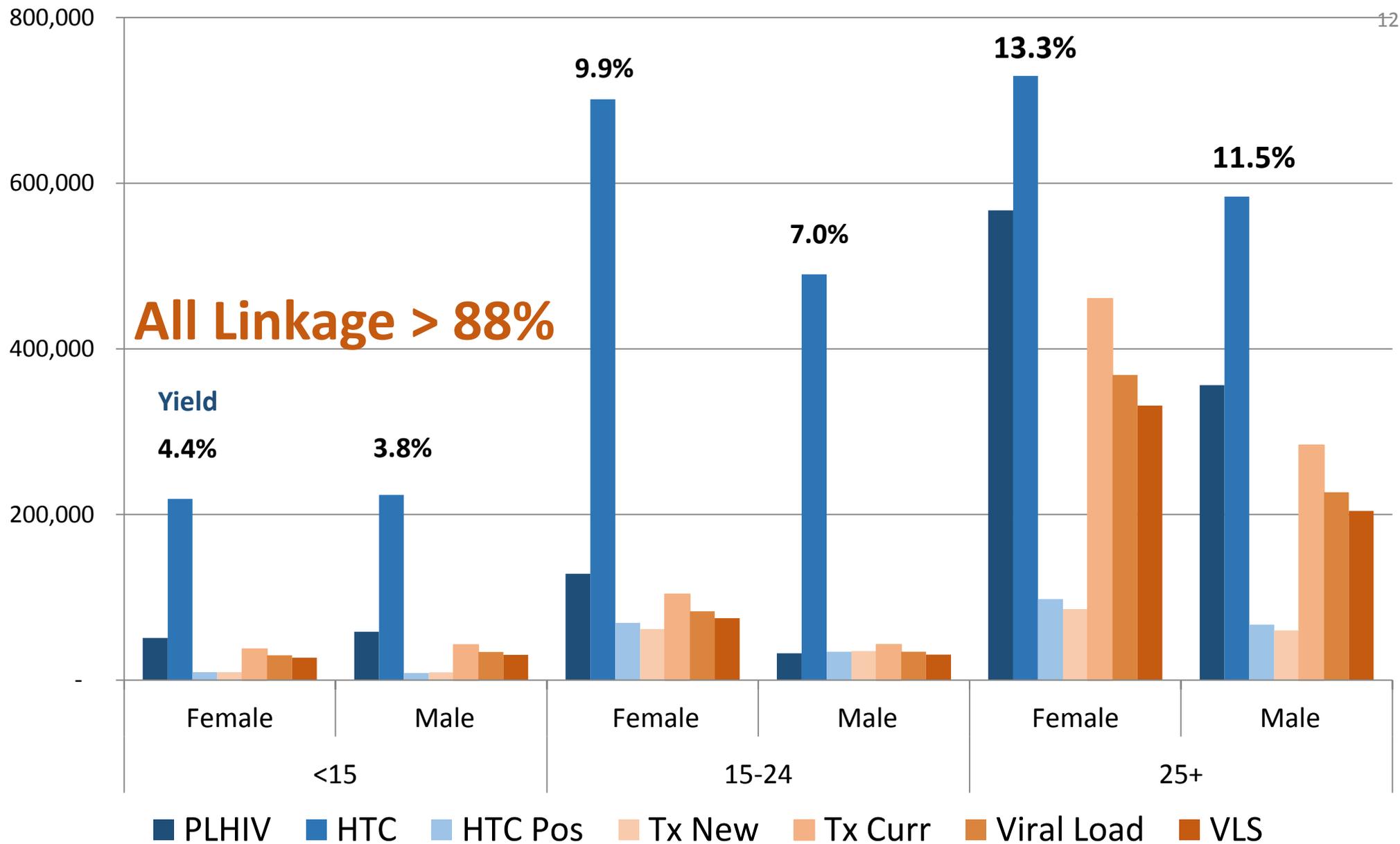
Linkage to Treatment FY16Q1 – FY17Q2



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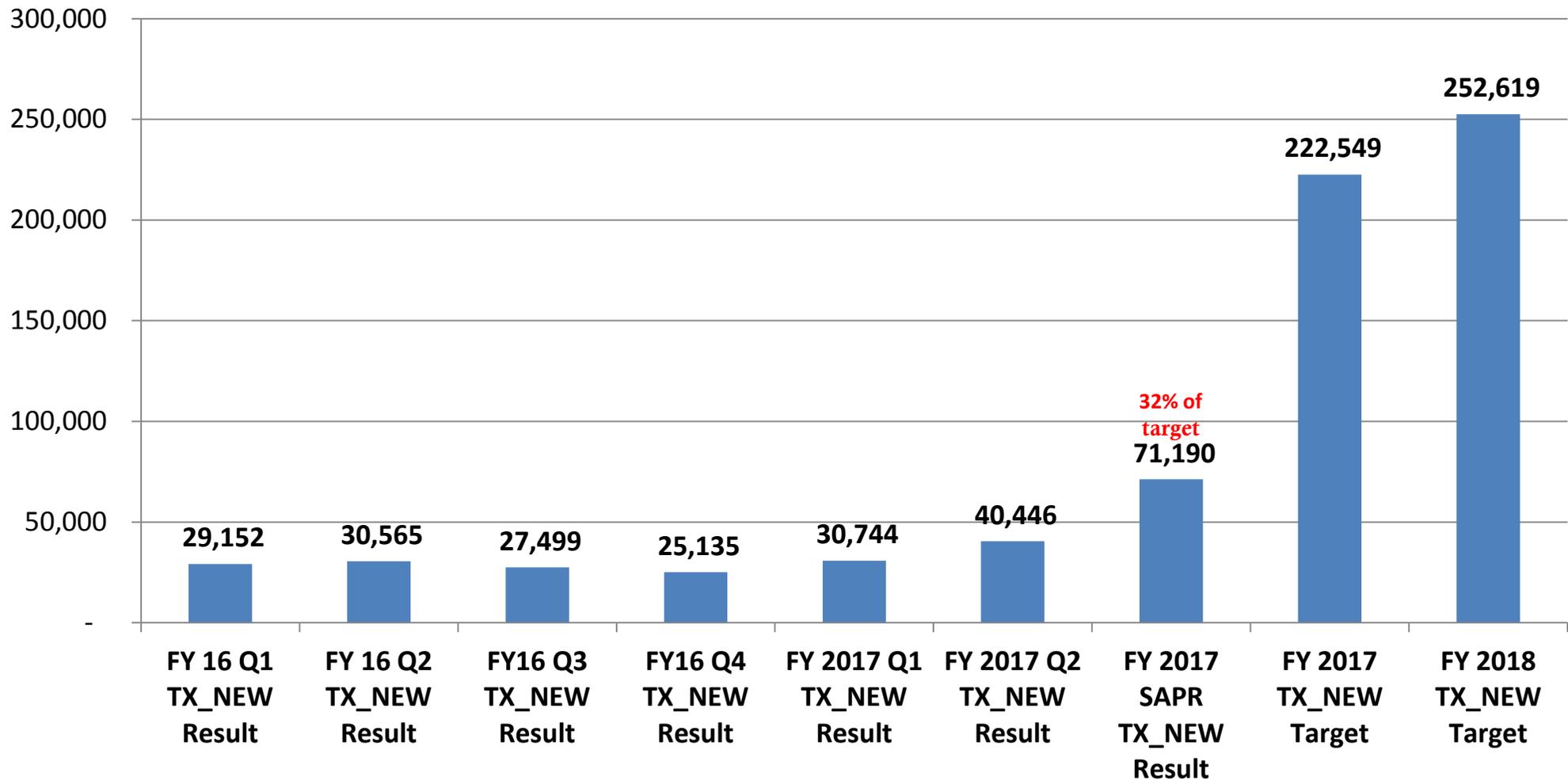
COP 17 Targets: Clinical Cascade by Sex/Age



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Improving Performance TX_NEW but only **32%** Target Completion at SAPR

USG Zambia TX_NEW Performance
FY 2016 Q1 through FY 2017 Q2



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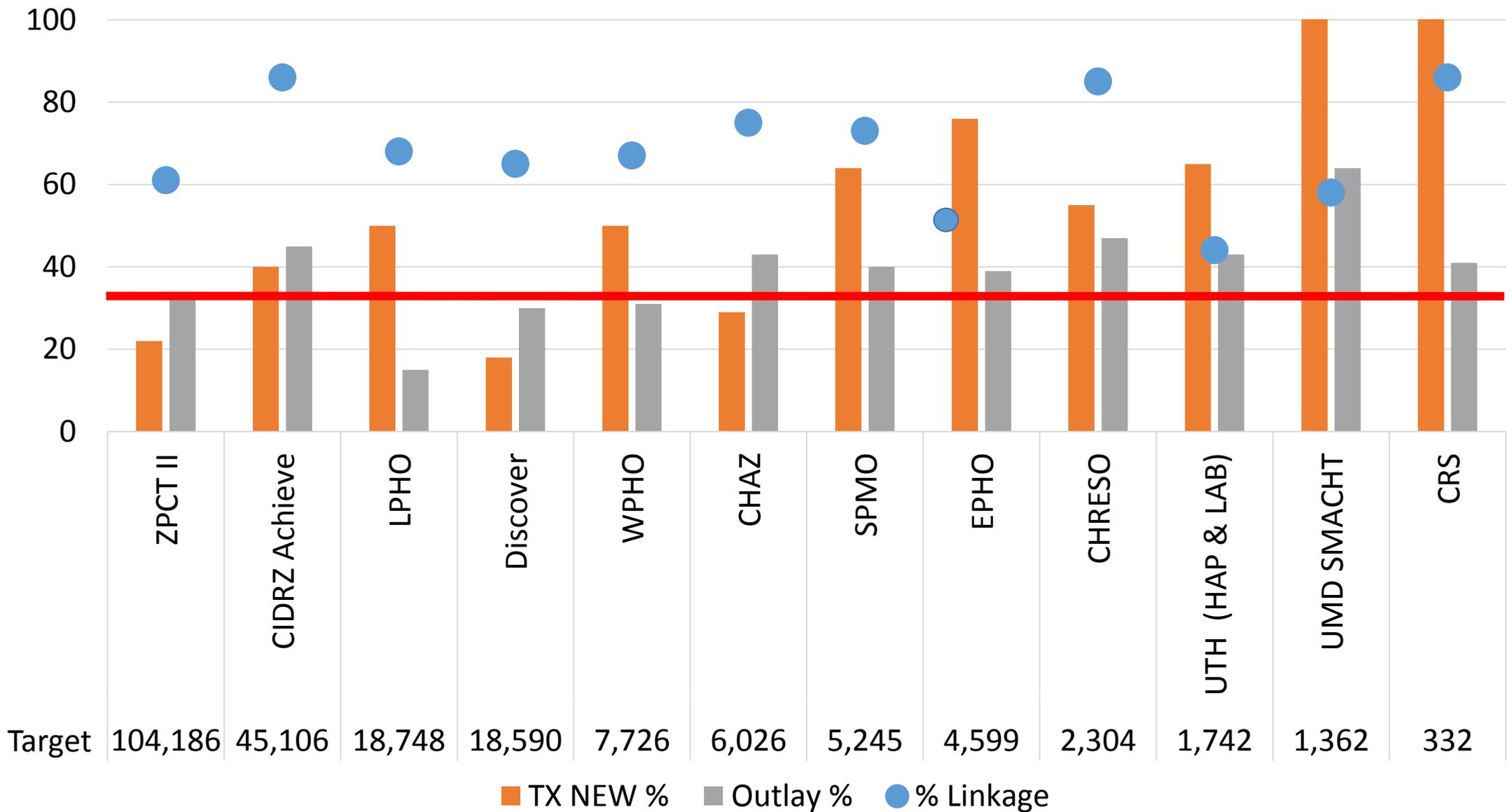
TX_NEW Q2 Partner Performance

IM Name	SAPR17 Result	FY17 Target	SAPR17 %	APR16 Result	FY16 Target	APR16 %
Total	71,488	222,549	32%	112,521	154,927	73%
ZPCTIIB	22,821	104,186	22%	42,276	47,778	88%
CIDRZ Achieve	17,843	45,106	40%			
LPHO Follow On	9,379	18,748	50%			
DISCOVER - H	3,324	18,590	18%	189	6,329	3%
WPHO Follow on	3,886	7,726	50%			
Family Health International	2,569	6,293	41%			
CHAZ	1,746	6,026	29%	3,446	5,382	64%
SPMO Follow On	3,365	5,245	64%			
EPHO Follow On	3,480	4,599	76%			
CHRESO Ministries	1,261	2,304	55%			
University Teaching Hospital	1,136	1,742	65%			
University of Maryland (SMACHT)	2,009	1,362	148%			
CRS FBO follow on	1,517	332	457%			
EGPAF	173	290	60%			

*3,021 deduplication factor in FY17 results

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SAPR Linkage, TX NEW and Outlay by IM



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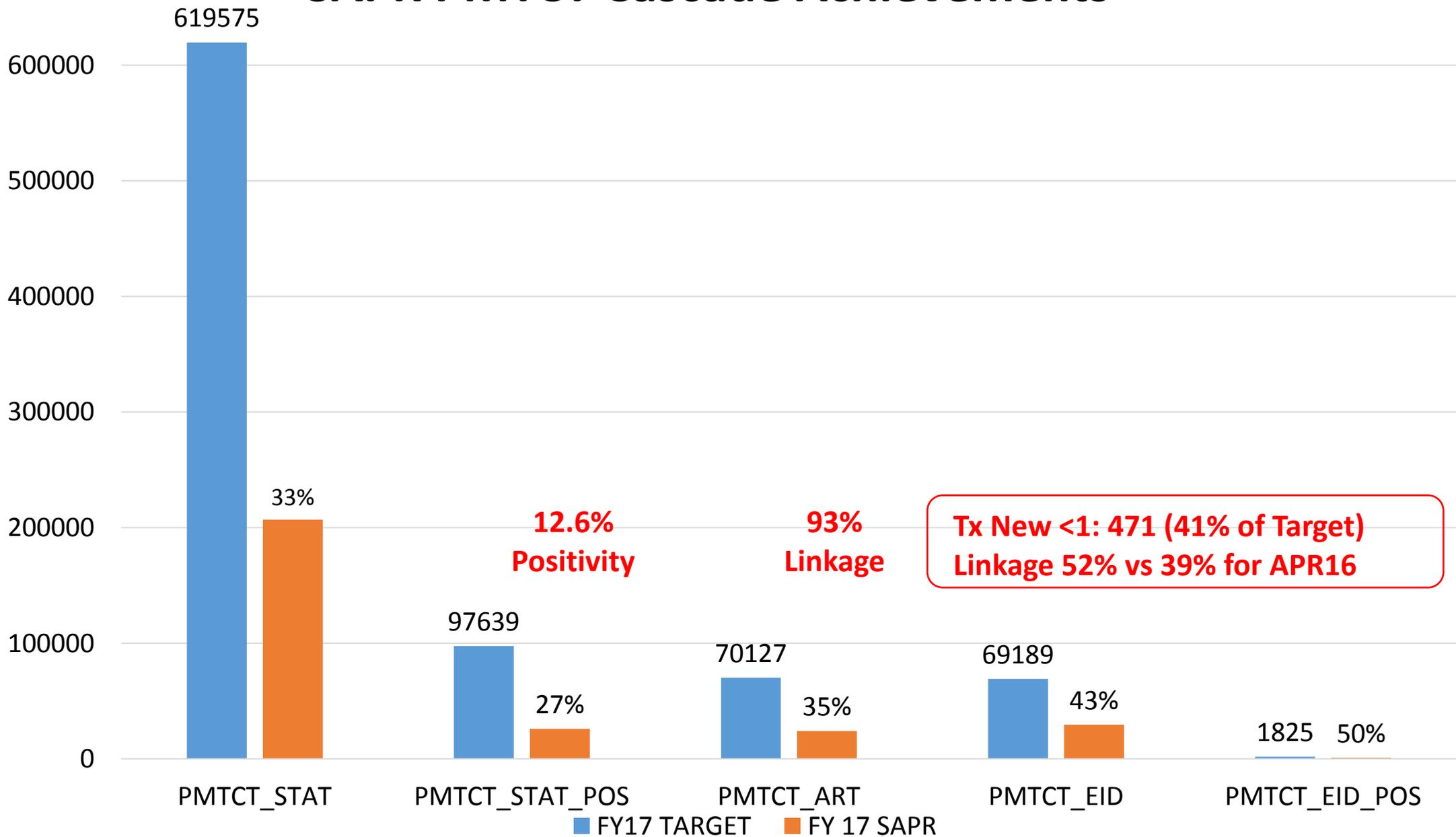
Q2 TX_NEW Varies across Top 10 Districts

District	PLHIV	Quarter 1 TX_NEW	Quarter 2 TX_NEW	Q1 & Q2 Achievement	Target TX_NEW	Progress Towards Achievement	Linkage to Treatment
Lusaka Urban	246,629	8,010	10,024	18,034	43,213	42%	62%
Kitwe	58,902	1,743	2,096	3,839	33,644	11%	57%
Ndola	54,938	1,523	1,835	3,358	8,119	41%	64%
Chingola	31,575	544	693	1,237	6,761	18%	64%
Chipata	30,366	1,369	1,207	2,576	5,157	50%	90%
Livingstone	29,574	754	985	1,739	5,790	30%	54%
Kapiri Mposhi	26,124	513	687	1,200	1,813	66%	61%
Kabwe	24,240	868	1,191	2,059	2,894	71%	61%
Kasama	21,935	502	649	1,151	1,347	85%	75%
Luanshya	21,765	416	440	856	3,853	22%	63%

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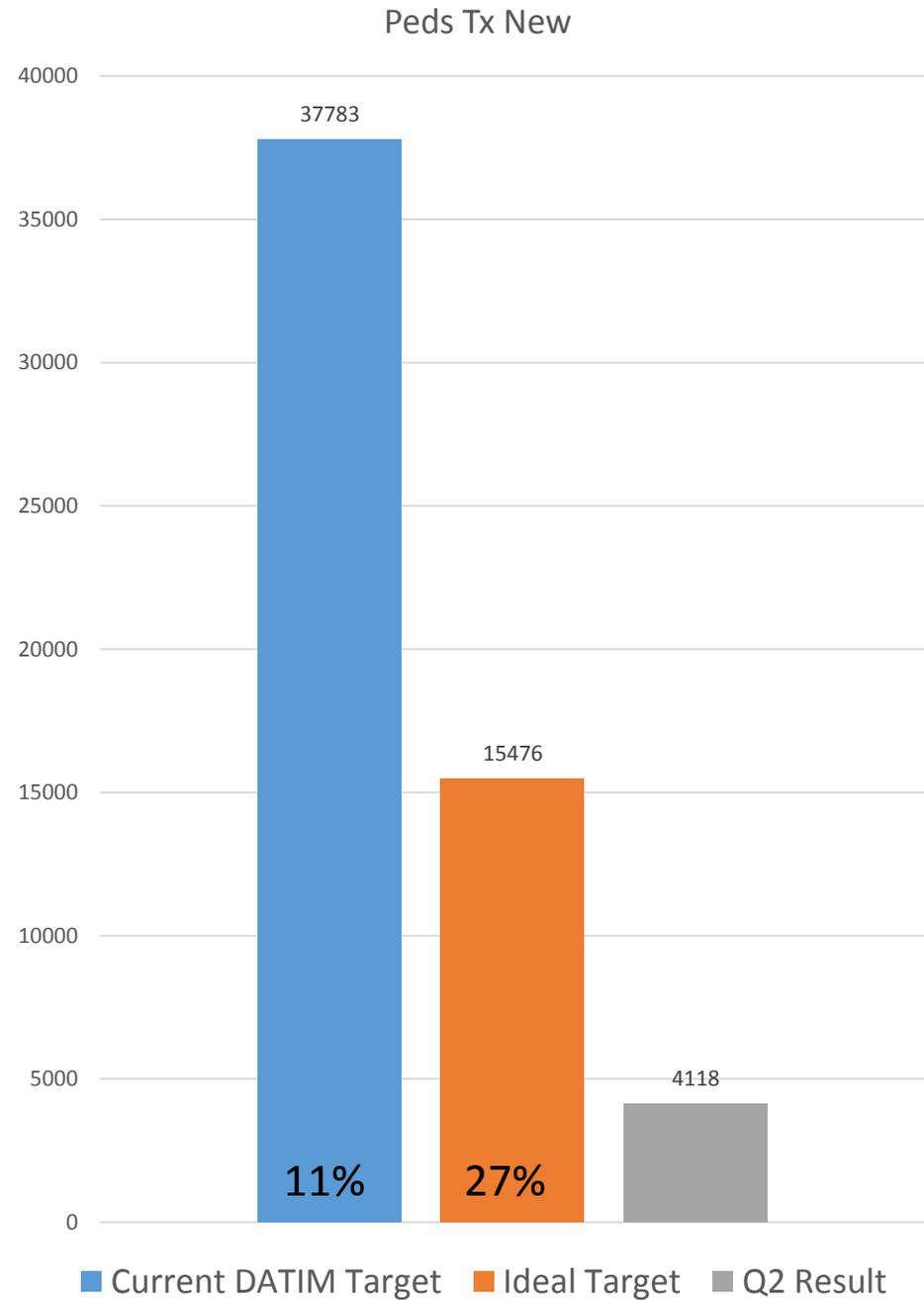
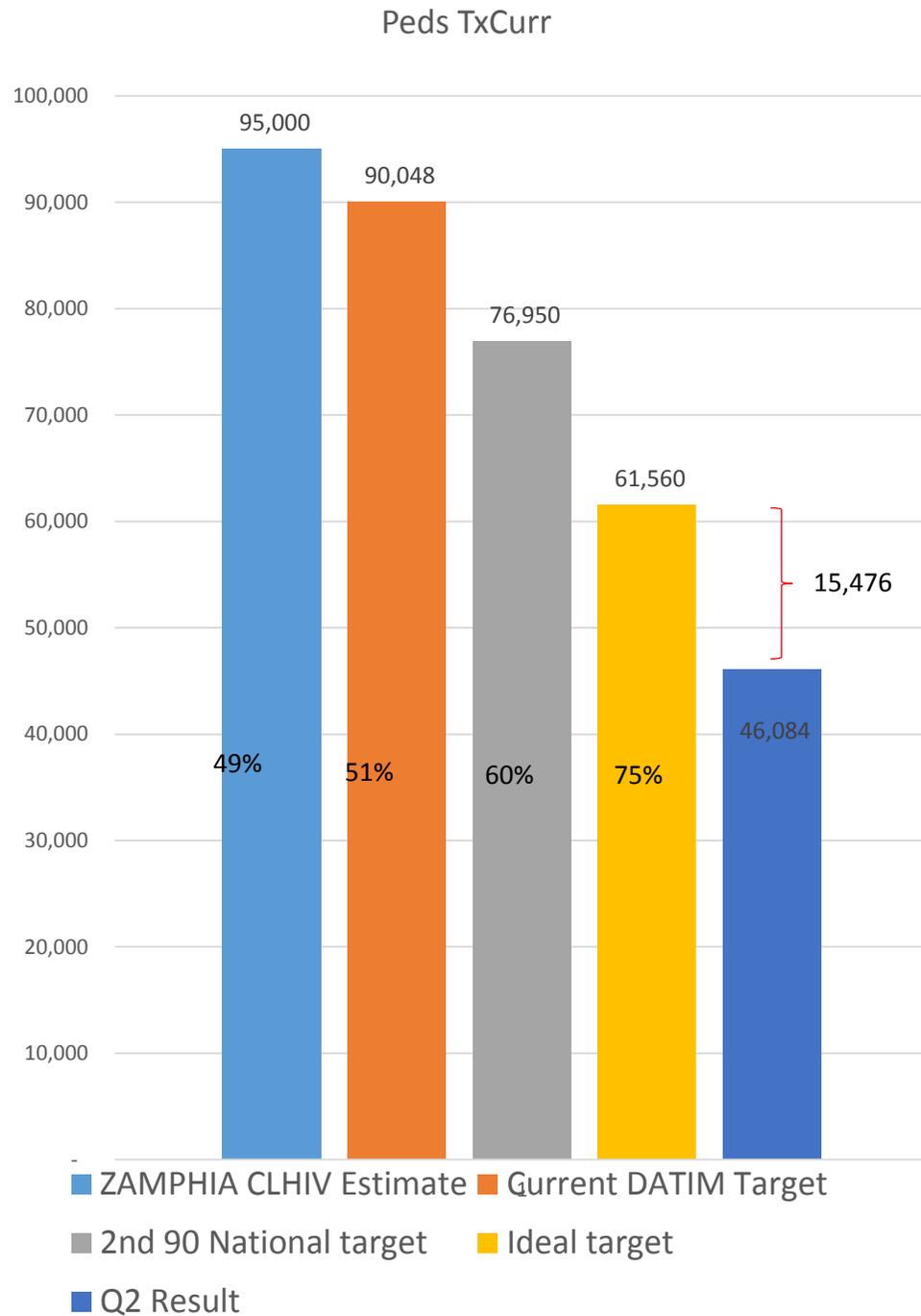
SAPR PMTCT Cascade Achievements



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Pediatric ART Progress



Why are we not meeting our Peds Targets?

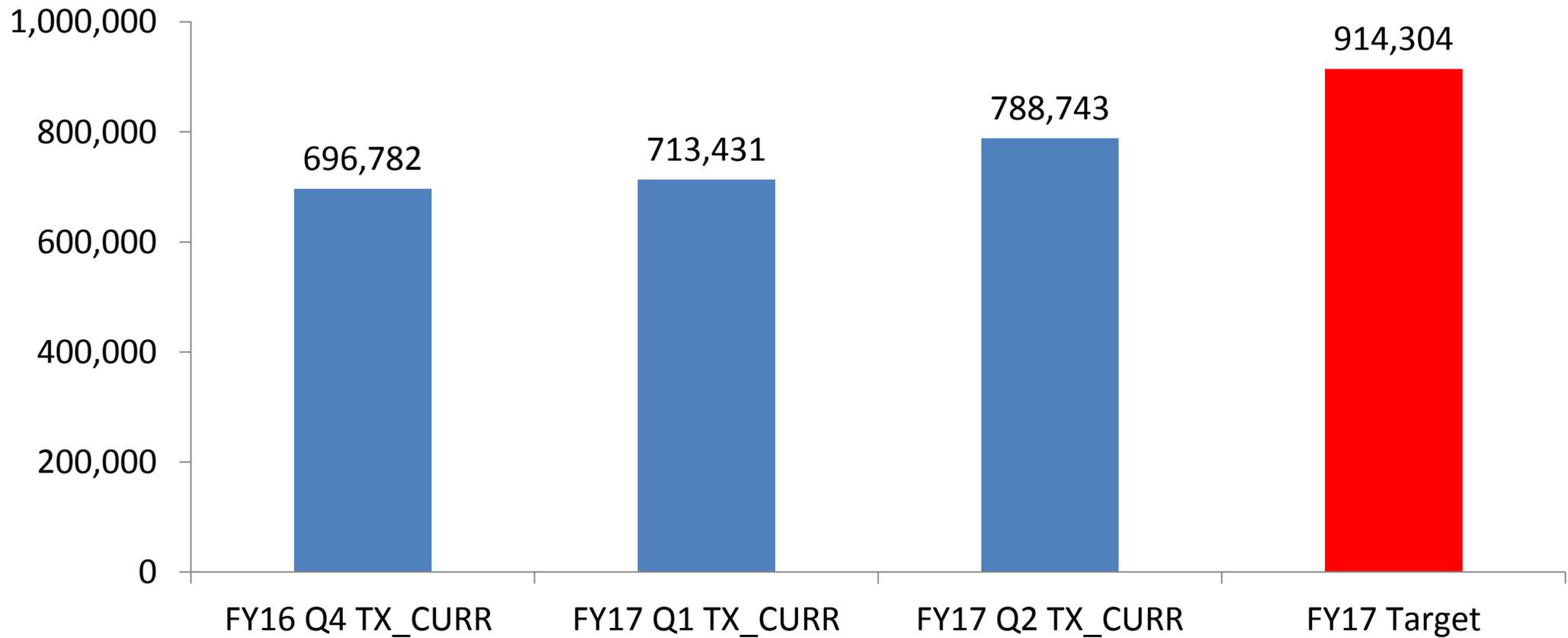
Not finding enough positives

- *SAPR 17 5488/ 37,783 Positive Children identified; Tx New target is (14.5%)*
- ***What are we doing?***
 - *PITC registers now in print*
 - *Optimization of Index client testing*
 - *Know your Child's HIV status memo and campaign*
 - *School HTS program*
 - *Reduce DBS TAT for EID along with VL scale up*
 - *Reduce age of consent for horizontally infected adolescents – cabinet memo*

Not linking all positives

- Linkage improving: Q2 linkage 82% compared to 59% at APR 16
- Challenges remain with
 - <1: EID/Long DBS TAT
 - Access to ART (655/1142 ART sites provide Paeds ART)
- ***What are we doing?***
 - EID/VL expansion
 - EID/EPI integration
 - Decentralization of Paeds ART service

TX_CURR Increasing for Different Reasons



TX Net New: 17,000

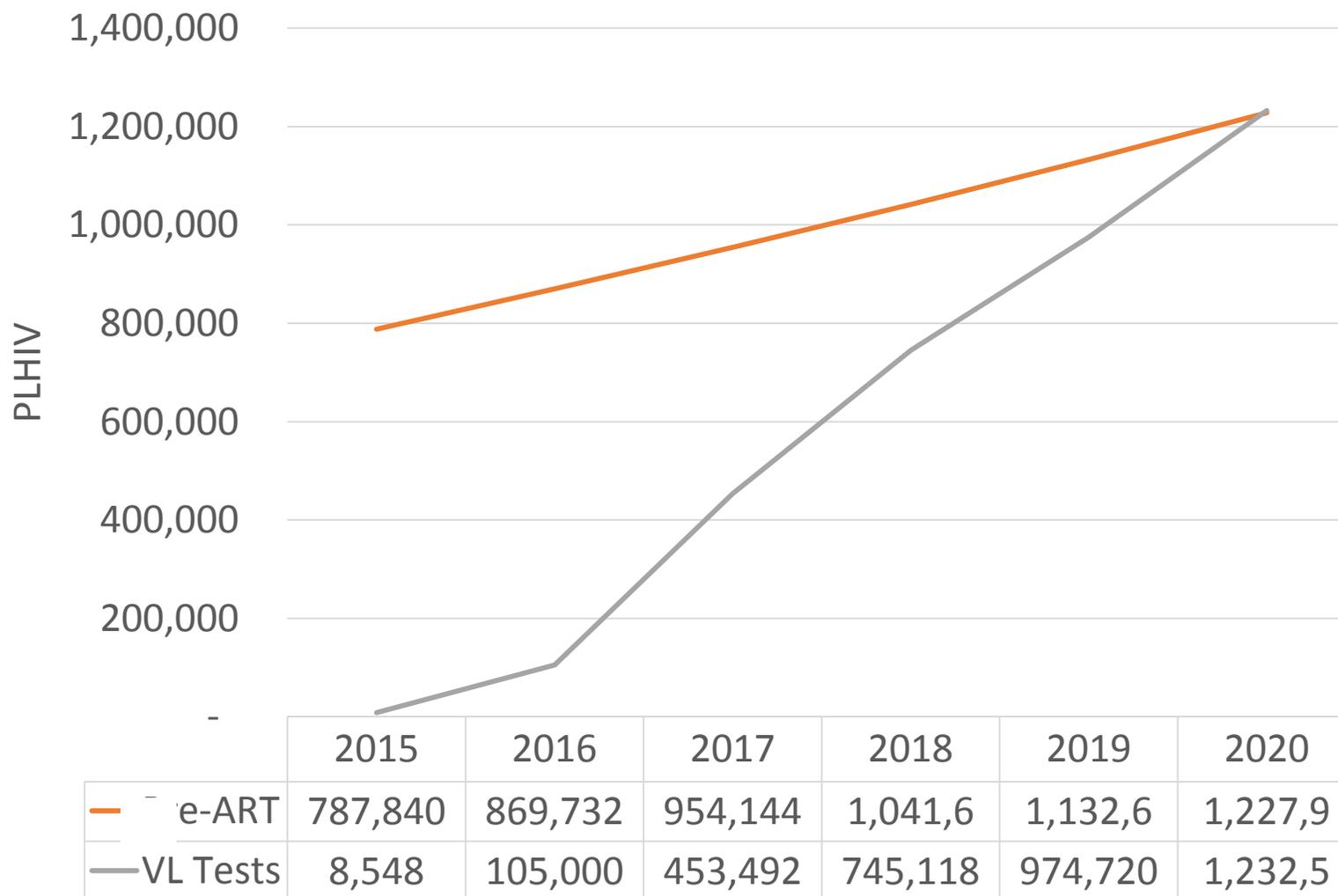
- 150 fewer sites / 11,600 PLHIV

TX Net New: 75,000

- Pre-ART Register mop up
- 145 more sites (70 outreach, 75 PMTCT) / 35,500 PLHIV added

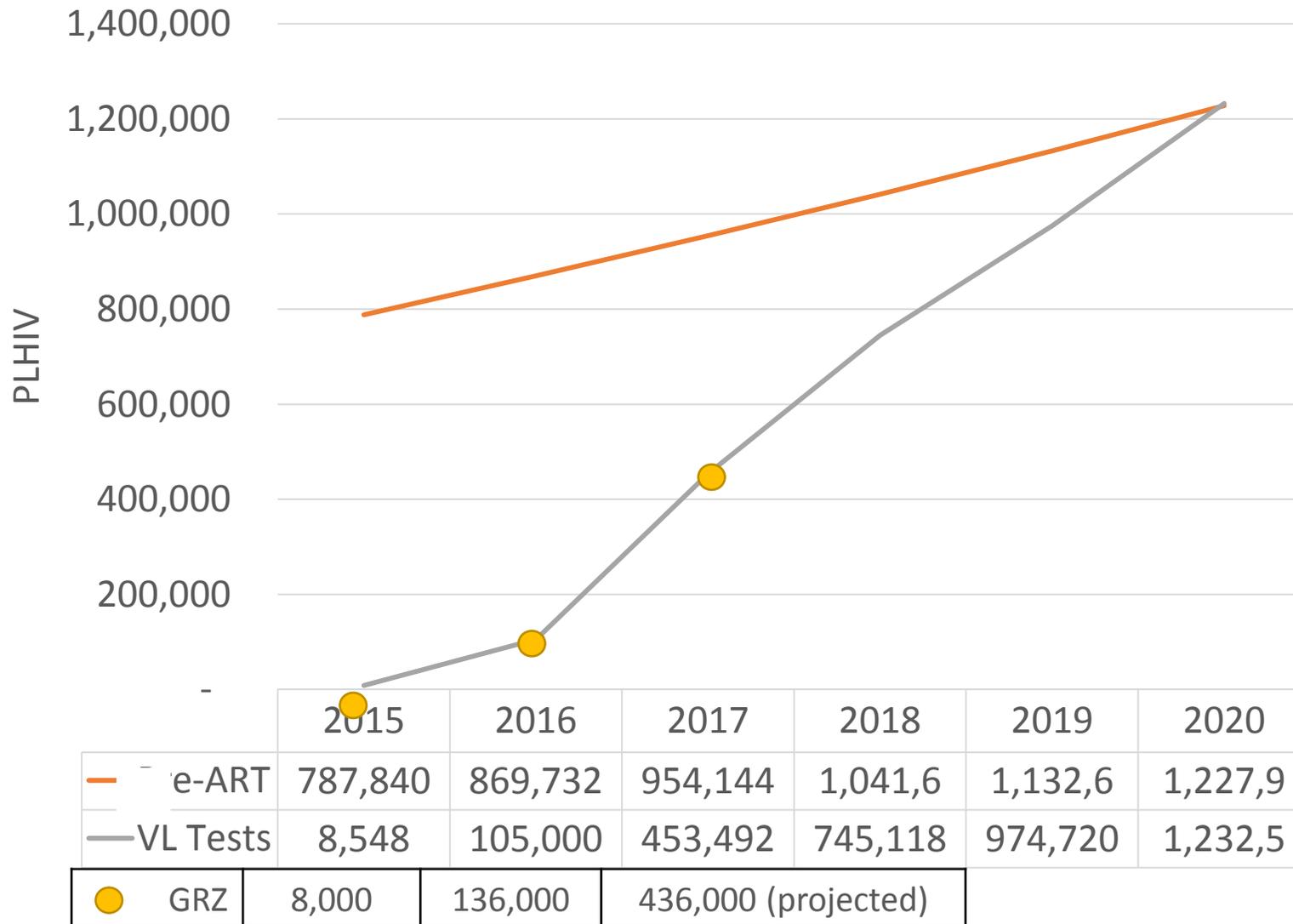
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Rapid EID/VL Scale Up Plan



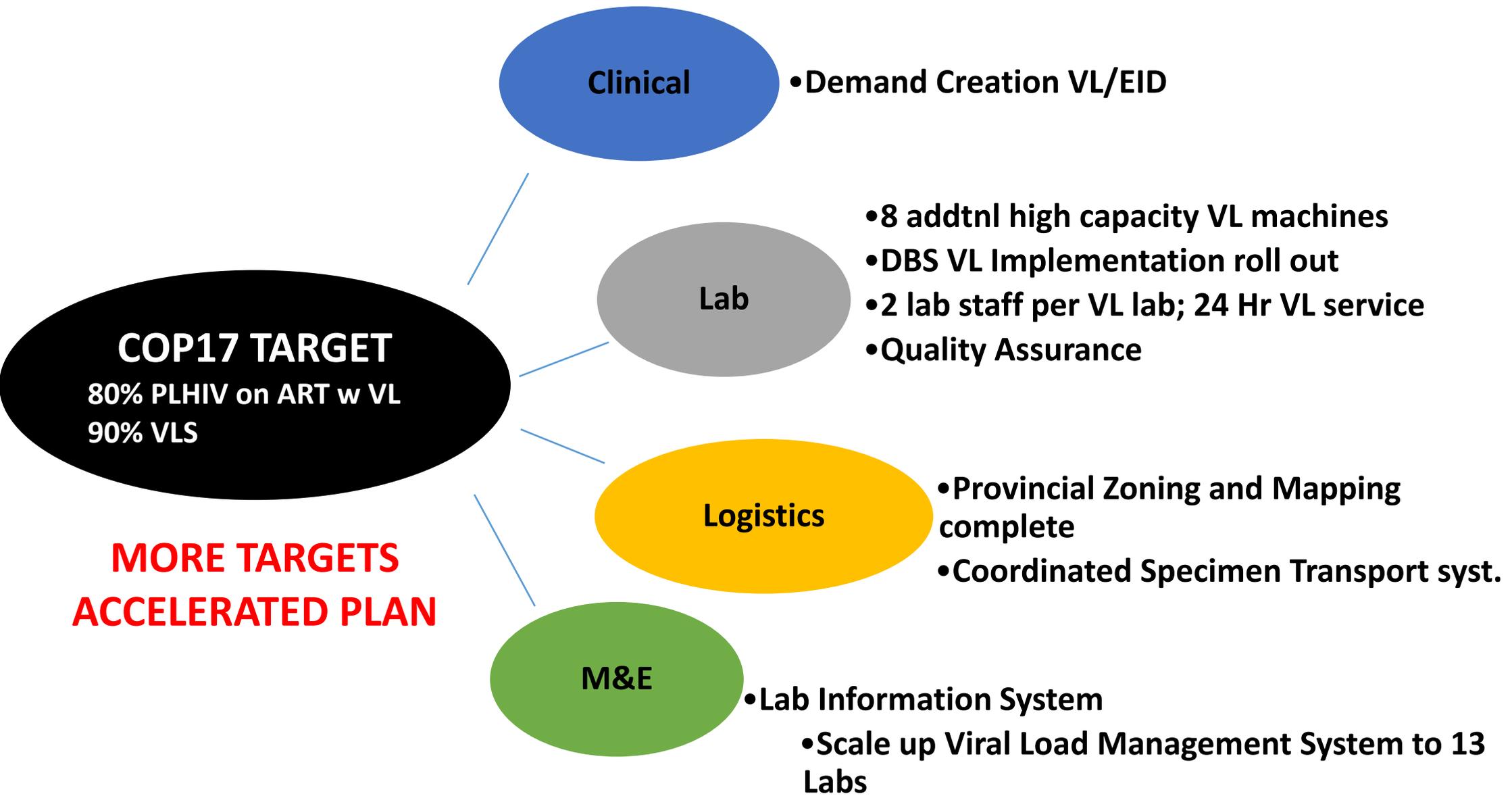
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Rapid EID/VL Scale Up Progress



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Lots More to Do...



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Solutions: Using Data to Improve Impact

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Use of Site Data to Improve Linkage Lusaka Province, Chongwe District

IP / District Site Level Intervention Tracking

*Now
adding VL

District	Facility Name	ART site type (Mobile / Static / N)	If not yet an ART site, anticipated date to start providing ART services (dd/mm/yy)	Implemented Test and (same day) Start? (Yes/No)	If not, date to start T&S? (dd/mm/yy)	Mopped up pre-ART? (Yes/No)	If not, date to finish pre-ART mop up? (dd/mm/yy)	Community ART distribution started? (Yes/No)	If not, date to start community ART distribution? (dd/mm/yy) ³	Evening or weekend hours for HTS and ART?	If not, date to start evening or weekend hours? (dd/mm/yy or N/A)	100% PITC at all entry points documented? (Yes/No)	If not, date for 100% PITC? (dd/mm/yy)
Chongwe	Chainda Rural Health Ce	N	4/3/2017	N	4/3/2017	N/A	N/A	N	N	N	N	N	4/3/2017
Chongwe	Chalimbana Rural Healt	MOBILE		N	24/3/2017	YES		N	N	N	N	N	Mar-17
Chongwe	Chikumbi Health Post	N	5/3/2017	N	5/3/2017	N/A	N/A	N	N	N	N	N	5/3/2017
Chongwe	Chilyabela Health Post	N	6/16/2017	N	6/16/2017	N/A		N	6/16/2017	N	N/A	N	6/16/2017
Chongwe	Chongwe District Hospit	STATIC		N	3/24/2017	No	3/31/2017	N	??	N		YES	
Chongwe	Chongwe Referral Rural	STATIC			3/24/2017	No	3/31/2017						
Chongwe	Kabeleka Health Post	N	5/10/2017	N	5/10/2017	N/A		N		N		N	5/10/2017
Chongwe	Kampekete Rural Health	N	4/12/2017	N	4/12/2017	N/A		N		N		N	4/12/2017
Chongwe	Kanakantapa Rural Heal	STATIC		N	24/3/2017	No	3/31/2017	N		N		N	24/3/2017
Chongwe	Kapete Health Post	N	24/5/2017	N	24/5/2017	N/A		N		N		N	24/5/2017
Chongwe	Kasenga Health Post	N	31/5/2017	N	31/5/2017	N/A		N		N		N	31/5/2017
Chongwe	Kasisi Rural Health Cent	MOBILE		N	24/3/2017	No	3/31/2017	N		N		Y	
Chongwe	Katoba Rural Health Cen	MOBILE		N	24/03/2017	No	3/31/2017	N		N		Y	
Chongwe	Lwiimba Rural Health Ce	MOBILE		N	24/03/2107	No	3/31/2017	YES		N		Y	
Chongwe	Mpango Rural Health Ce	MOBILE		N	24/3/2017	No	3/31/2017	N		N		Y	
Chongwe	Mulalika Health Post	N	24/6/2017	N	24/6/2017	N/A		N		N		Y	
Chongwe	Mutamino Health Post	N	7/4/2017	N	7/4/2017	N/A		N		N		Y	
Chongwe	Mwalumina Rural Healt	N	6/2/2017	N	6/2/2017	N/A		N		N		Y	
Chongwe	Ndapula Health Post	N	6/9/2017	N	6/9/2017	N/A		N		N		Y	

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Chongwe District Top 5 Sites TX_NEW Trend (SAPR Achievement 61%)

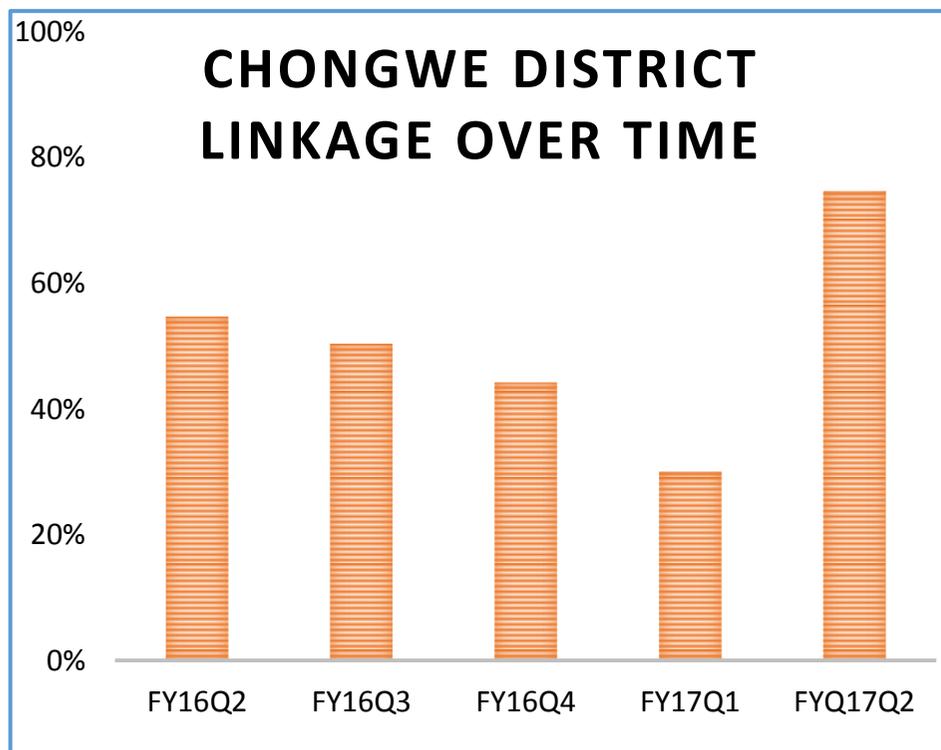
Site	FY16Q1	FY16Q2	FY16Q3	FY16Q4	FY17Q1	FY17Q2	Trend
Chongwe Health Centre	143	59	173	109	129	361	
Chongwe District Medical Office	0	0	0	0	2	93	
Ngwerere Rural Health Centre	2	5	11	0	1	54	
Mpanshya Mission Hospital	30	116	22	25	37	41	
Kanakantapa	5	1	9	6	8	32	

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Lusaka Province, Chongwe District Linkage Improvement (n = 37 sites)

Month	ART sites	EMTCT sites	EMR sites	Test and Start sites	Peds linkage	Adult linkage
Feb 2017	13	36	17	3	124%	76%
Mar 2017	28	12	20	18		



Additional Linkage Strategies Applied Include:

- Weekly review of registers to reconcile HTC POS with TX NEW
- Effective pre-ART tracking
- Counselors escort clients to ART room
- Integrated health and family services
- HIV awareness health talks
- SMS immediate notification of EID positives

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Ex. District Health Director Gap Report by site

FACILITY	HUMAN RESOURCE	PHARMACY	LABORATORY	EQUIPMENT	INFRASTRUCTURE
Kafue District Hospital	3 CO 1 Dispenser 1 labtech 4 Peers Training in ART & adherence counselling Capacity building in ARV logistic mgt.	Needs 1 Aircon and shelves	Hemacue available Microcuvetes required Urine strips		-Need space for standard separate Laboratory. -Need for a separate ART clinic space with adequate screening and counseling rooms/Dispensary.
Chanyanya RHC	1 CO and 1 Nurse required. 1 labtech	Needs Aircon Shelves	Hemacue available Microcuvetes required Urine strips		Extension to create screening/counseling rooms.

Ex. Action Items by Stakeholder

District

- Each district is to quantify gaps along with a clear plan for converting all PMTCT sites to ART
- District X is to receive TA from District Y because they have managed to use mobile services to operationalize Same day, same site and they are to report back

Implementing Partner

- Provide support for provision of mobile ART services in District

Province

- Drawdown funds for support of training of 400 health workers in optimization of TnS
- Will arrange for a provincial VL scale up meeting specific

CDC

- Provide TSS visit to Kafue

Site level QI -- Going to Scale:

- Lusaka in March 2017
- In process of rolling out to Eastern and other PEPFAR focus provinces

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Test and Start Timeline: 2016-17

December 13:

Test & Treat guidelines launched nationally

February:

Orientation package developed

March:

Memo issued
Trainer orientation held
Site capacity assessment for scale up sites completed

April:

Orientation for Provincial, district, facility-level trainers and providers held

May:

Training packages completed

Data collection/reporting tools e.g. SmartCare forms modified

Job Aids to same-day initiation (guidance)

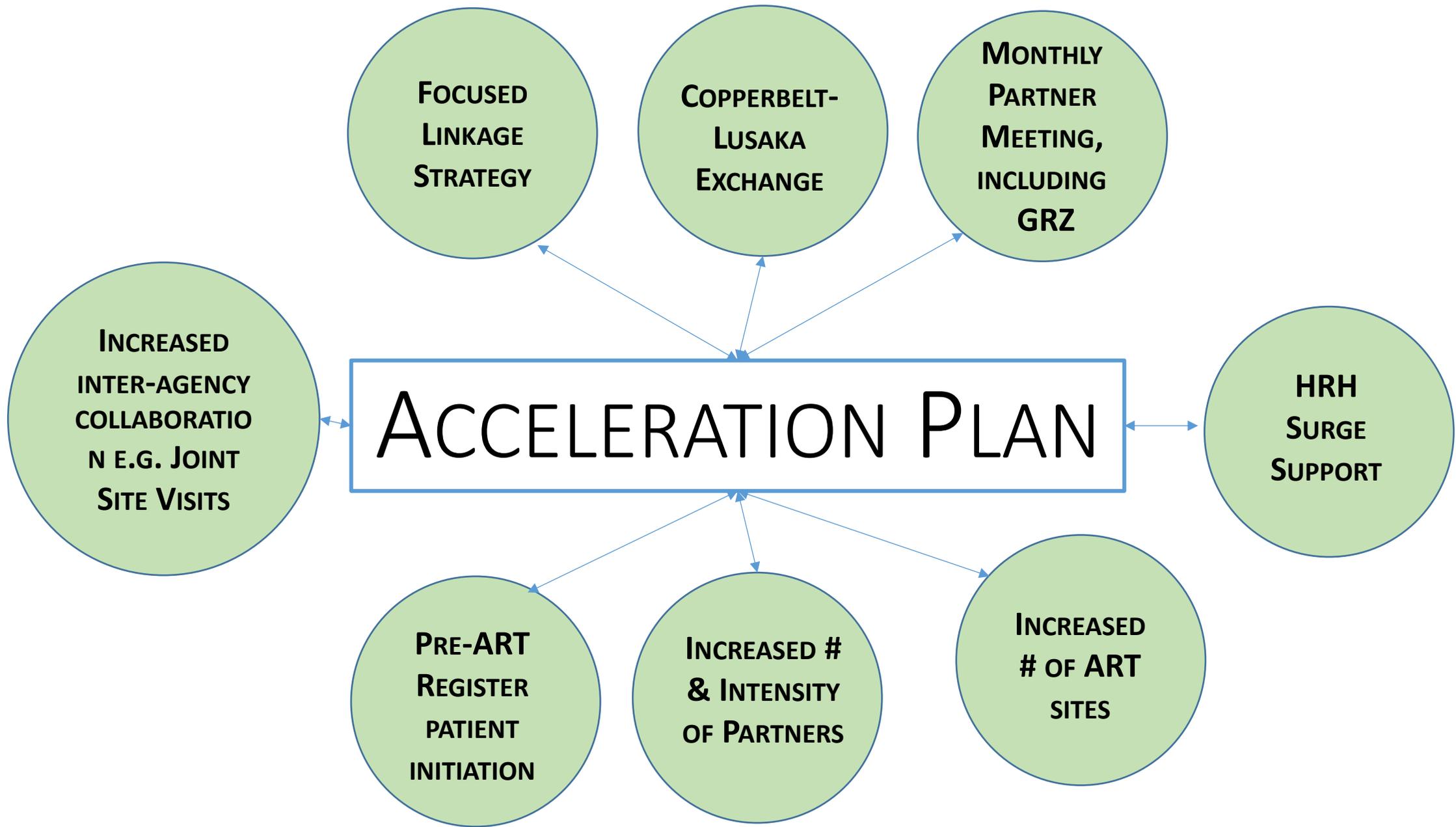


December January February March April May

Test & Start Pilots; U.S. government partners begin to implement

Policy Updates

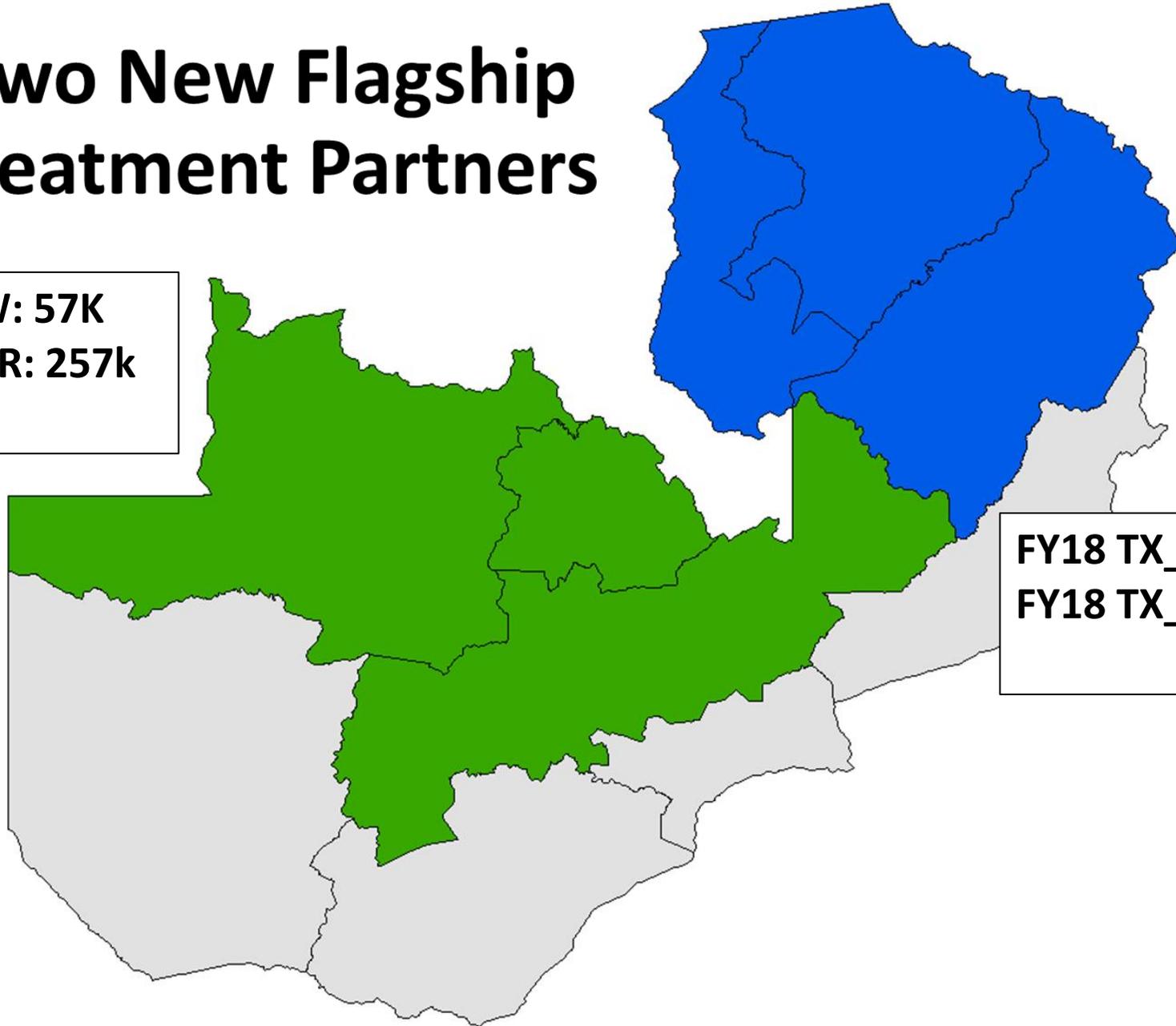
Policy Issue	Current status	Commitment	Timeline
Test & Start roll-out	<ul style="list-style-type: none"> • Dissemination, implementation, recruiting have started • Training packages being finalized • Selection of new ART facilities • Minor renovations 	<ul style="list-style-type: none"> • Ministerial statement in support made • Partners actively participating in the dissemination 	Active Roll Out
Same-day ART initiation	Finalizing tools to support patient assessment	Highlight and emphasize Test & Start in orientation package	Discussions on-going
MOH circular to Provinces and facilities for Test & Start	Circular signed and disseminated to facility level at the orientation trainings	Complete	Complete
Differentiated models of care	Piloting and implementing different models to enable scale up of current models and decongest ART facilities to community	Evaluate results of pilots Develop operational guide for implementation	2017
Pre-ART initiation lab screening	Fingerstick sugar / urine dipstick currently required	To discuss in national TWG	Next TWG meeting



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Two New Flagship Treatment Partners

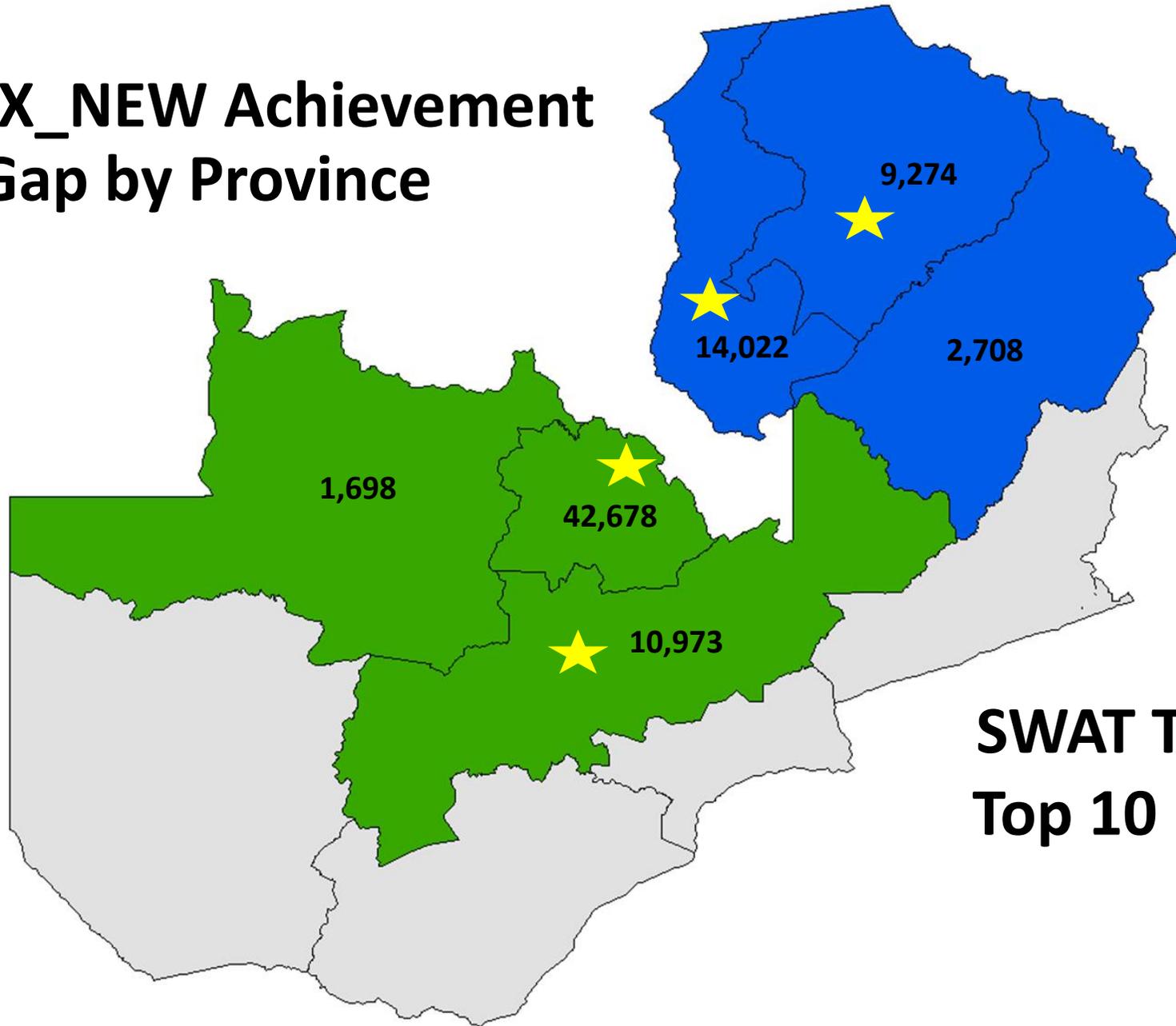
FY18 TX_NEW: 57K
FY18 TX_CURR: 257k



FY18 TX_NEW: 21K
FY18 TX_CURR: 92k

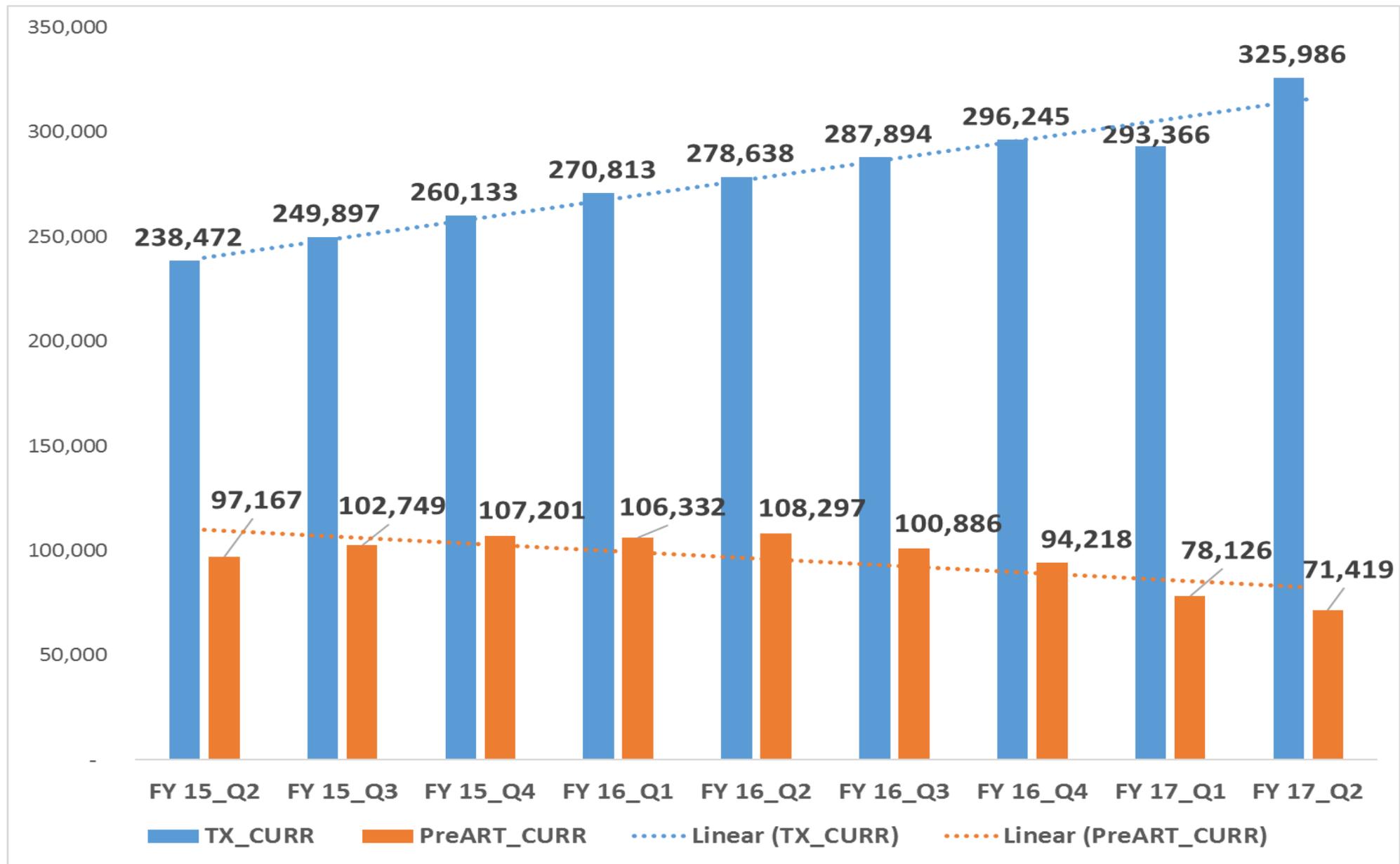
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FY17 TX_NEW Achievement Gap by Province



**SWAT Teams in
Top 10 Districts**

PreART_CURR vs TX_CURR by Quarter



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Chibombo District Site-Level Results

TX_NEW	Oct to Dec 2015	Jan to Mar 2016	Apr to Jun 2016	Jul to Sep 2016	Oct to Dec 2016	Jan to Mar 2017	Trend Line
Liteta Hospital	102	87	77	105	79	135	
Kayosha	40	42	46	47	46	110	
Mwachisompola	44	42	52	45	46	32	
Chisamba	31	24	44	32	35	43	

Linkage	Jul to Sep 2016	Oct to Dec 2016	Jan to Mar 2017	Trend Line
Liteta Hospital	117%	94%	124%	
Mwachisompola	15%	43%	81%	
Kayosha	138%	88%	77%	
Mwachisompola	15%	43%	81%	
Chisamba	128%	51%	48%	

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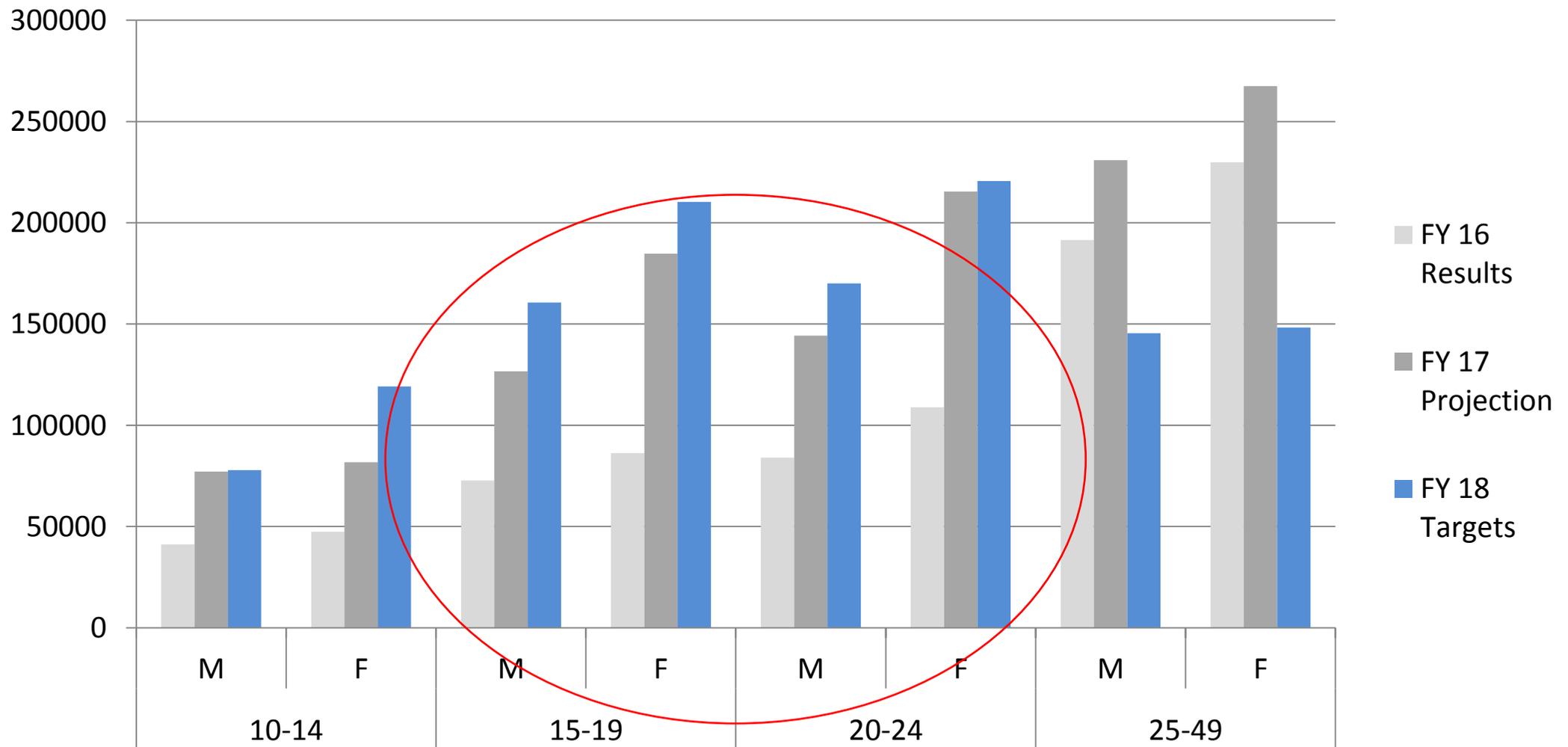
Prevention

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Shifting PP_PREV Towards Younger Adults

FY 16 Results, FY 17 Projections and FY 18 Targets

Priority Populations: AGYW, ABYM, Mobile populations, Discordant couples



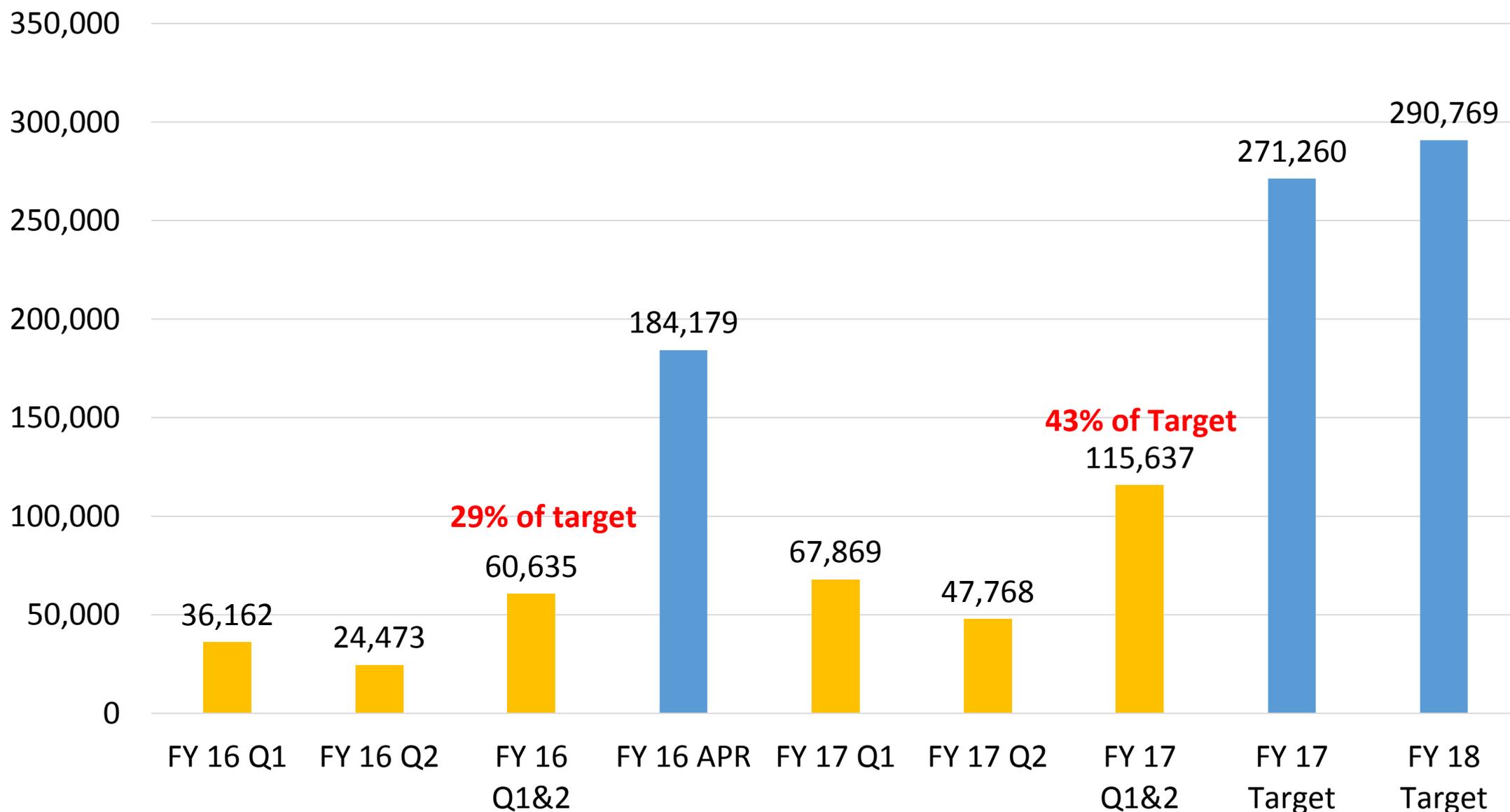
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PrEPping for PrEP

- COP17 targets increased:
 - 1700 individuals:
 - 1000 Lusaka: MSM, FSW, AGYW
 - 500 Livingstone: MSM and FSW
 - 100 Ndola: AGYW
 - 100 Chingola: AGYW
- Next steps:
 - Site assessment and preparation for implementation
 - Develop operational guidelines and tools

Scaling Up VMMC



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DREAMS Update

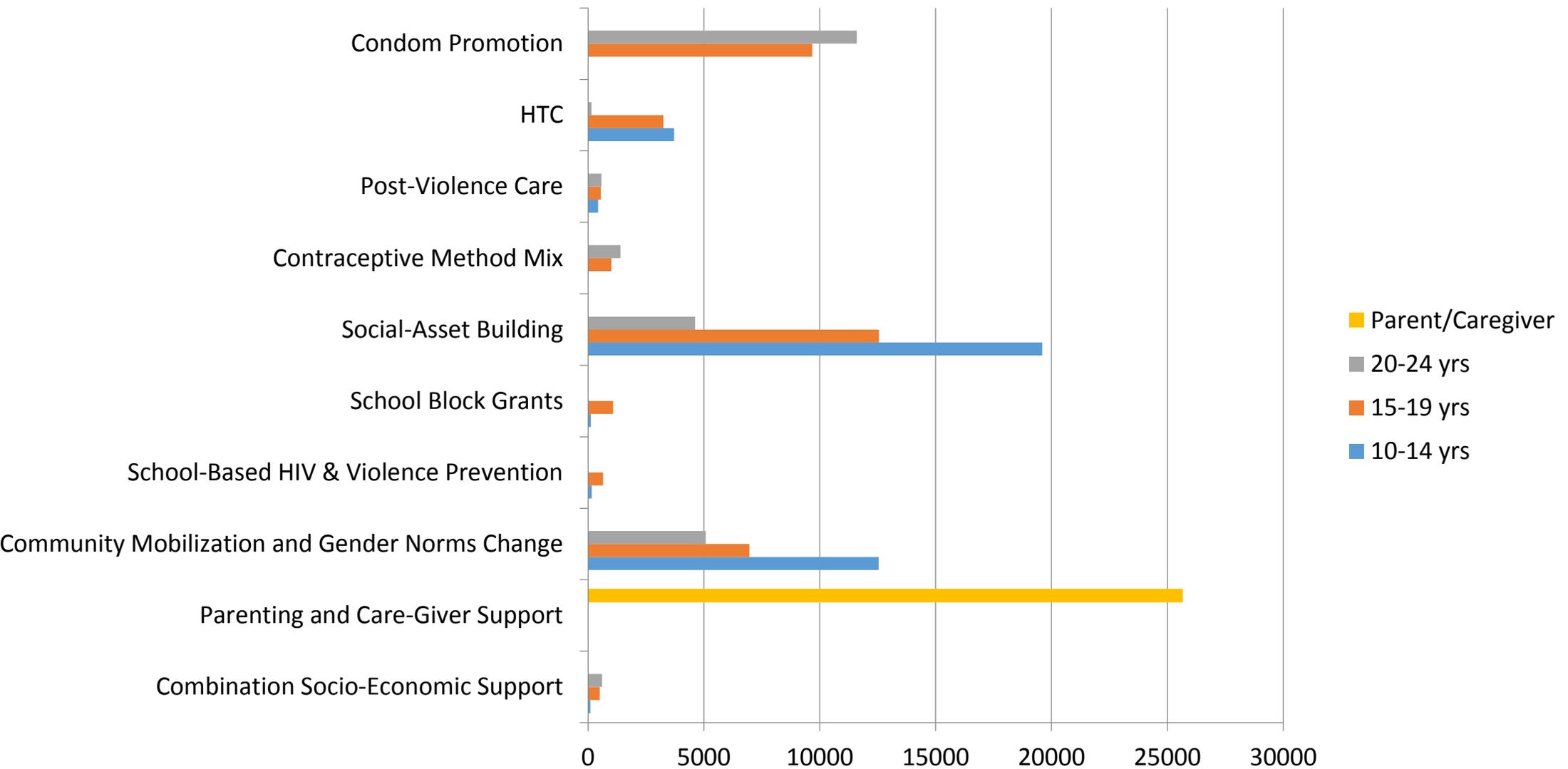
- 40,000 AGYW enrolled to date (target 64,000)
- DREAMS Centers fully established in all 21 zones (open 7 days/week)
- Key Priorities include:
 - Strengthen implementation of all service delivery layers
 - Strengthen M&E including database implementation with unique IDs (layering) (June 2017)
 - Continue to leverage community leadership and spheres of influence to address social norms
 - Enhance linkages within programs for male partners
- COP 2017 Expansion Plan
 - Continue in 3 established districts, strengthening implementation of full service package
 - Increase coverage in Lusaka; add an additional five districts with highest HIV burden
 - Establish PreP demonstration sites including KPs and AGYW





AGYW Layered Interventions

Inception through Q2, 2017, Results



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>.

Global Fund – PEPFAR COP alignment

ENGAGEMENT

1. Joint meeting with MoH on priorities, January 2017
2. GF allocation 2018-2020
 - – HIV \$184m,
 - TB \$10m [potentially \$4m and \$3 million for adolescent girls and young women, and cross-cutting resilient and sustainable systems for health]
3. Multi-stakeholder consultation on GF application from January
4. Engagement with USG as bilateral rep on CCM and on costing of GF application

AREAS FOR SPECIAL ALIGNMENT, LEVERAGING, AND INNOVATION:

1. Forecasting and quantification, supply chain strengthening
2. Adolescent girls and young women
3. Comprehensive community health strategy (including health information system and HRH)
4. Data for patient tracking and impact measurement
5. Risk and assurance mechanisms

NEXT STEPS:

1. 12 May final check in on gaps/alignment COP – GF application
2. 23 May GF application due
3. 15 July response to review findings – consultation with USG
4. 15 August specific GF grant activities (locations and targets) set – crosscheck with USG data

Stakeholder Contributions to ARV purchases for COP 17

ARV Need	\$104,406,695
Government of the Republic of Zambia	\$22,000,000 *
PEPFAR	\$58,341,533
Global Fund	\$25,000,000 *
Total available	\$105,314,533
Gap/Surplus	\$907,838



COP 17

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PBAC Summary

Calculation of earmarks*	Required	Actual
Care & treatment earmark	57% \$ 175,853,346	69%
OVC earmark	0% \$ 22,403,844	\$25,132,256

\$203,130,731.20 ▲ \$27,277,385.20

* Applying pipeline will impact earmark values
 Care & Treatment for PLHIV (HBHC+HTXS+HTXD+PDCS+PDTX+HVTB+ 0.3*MTCT)

PEPFAR FY 2018 Resource Envelope vs Calculated Budget	
COP 2017 Planning Level	\$325,694,631
Plus-up Funds	\$78,205,752
Central funds	\$11,435,449
COP 2017 Planning Level	\$415,335,832
Calculated Budget	\$415,335,833
Difference	-\$1

SUMMARY										
PEPFAR Budget Code	Budget Code Description	TBB	Commodities	Above	Site	PM,SI	M&O	Total	Applied Pipeline	New
CIRC	Male Circumcision	\$7,212,616	\$0	\$1,440,788	\$913,068	\$1,631,518	\$88,921	\$11,286,909	\$5,589,947	\$5,696,962
HBHC	Adult Care and Support	\$11,017,196	\$5,795,333	\$1,101,728	\$1,179,773	\$2,271,123	\$97,723	\$21,462,876	\$9,567,816	\$11,895,060
HKID	Orphans and Vulnerable Children	\$22,819,717	\$0	\$1,125,466	\$1,528,328	\$3,169,020	\$13,925	\$28,656,455	\$3,524,199	\$25,132,256
HLAB	Lab	\$0	\$0	\$3,792,433	\$5,530,598	\$1,269,081	\$482,068	\$11,074,179	\$5,996,245	\$5,077,934
HTXS	Adult Treatment	\$53,626,403	\$20,792,013	\$18,789,433	\$10,881,386	\$9,065,644	\$322,555	\$113,477,435	\$24,292,950	\$89,184,485
HTXD	ARV Drugs	\$0	\$64,314,533	\$0	\$0	\$0	\$1,971	\$64,316,504	\$0	\$64,316,504
HVCT	Counseling and Testing	\$12,816,970	\$7,843,600	\$647,324	\$1,373,107	\$1,653,889	\$118,074	\$24,452,964	\$10,474,415	\$13,978,549
HVMS	Management & Operations	\$0	\$0	\$0	\$0	\$0	\$26,410,201	\$26,410,201	\$11,725,909	\$14,684,292
HVOP	Other Sexual Prevention	\$16,958,505	\$0	\$1,464,527	\$584,940	\$1,626,499	\$164,453	\$20,798,923	\$11,601,485	\$9,197,438
HVSI	Strategic Information	\$0	\$0	\$7,721,062	\$2,239,603	\$1,650,935	\$2,728,336	\$14,339,936	\$5,891,848	\$8,448,088
HVTB	TB/HIV Care	\$9,125,535	\$0	\$640,258	\$1,002,711	\$1,631,496	\$180,817	\$12,580,817	\$4,585,240	\$7,995,577
IDUP	Injecting and Non-Injecting Drug Use	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MTCT	Mother to Child Transmission	\$9,947,374	\$0	\$2,231,597	\$3,266,111	\$2,561,625	\$267,283	\$18,273,991	\$8,300,226	\$9,973,765
OHSS	Health Systems Strengthening	\$0	\$0	\$8,151,185	\$331,439	\$1,064,633	\$1,037,408	\$10,584,665	\$3,042,831	\$7,541,834
PDCS	Pediatric Care and Support	\$5,517,395	\$181,881	\$1,130,294	\$2,621,975	\$1,389,888	\$144,326	\$10,985,760	\$1,789,023	\$9,196,737
PDTX	Pediatric Treatment	\$9,045,625	\$2,772,268	\$1,598,932	\$165,553	\$1,379,144	\$186,336	\$15,147,860	\$1,791,186	\$13,356,674
HMBL	Blood Safety	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HMIN	Injection Safety	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HVAB	Abstinence/Be Faithful	\$0	\$0	\$0	\$48,674	\$0	\$2,234	\$50,908	\$48,674	\$2,234
TOTAL		\$158,087,336	\$101,699,629	\$49,835,027	\$31,667,267	\$30,364,494	\$32,246,631	\$403,900,384	\$108,221,995	\$295,678,389

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COP 2016 vs COP 2017 Budget Code Totals

Budget Code	COP 16	COP 17
CIRC	\$ 11,697,988	\$ 11,286,909
HBHC	\$ 21,294,890	\$ 21,462,876
HKID	\$ 22,078,397	\$ 28,656,455
HLAB	\$ 10,644,451	\$ 11,074,179
HMBL	\$0	\$0
HMIN	\$0	\$0
HTXD	\$ 46,081,272	\$ 64,316,504
HTXS	\$ 115,250,646	\$ 113,477,435
HVAB	\$ 1,914,302	\$50,908
HVCT	\$ 17,834,889	\$ 24,452,964
HVMS	\$ 28,422,753	\$ 26,410,201
HVOP	\$ 13,900,809	\$ 20,798,923
HVSI	\$ 11,635,000	\$ 14,339,936
HVTB	\$ 12,400,000	\$ 12,580,817
IDUP	\$0	\$0
MTCT	\$ 17,506,708	\$ 18,273,991
OHSS	\$ 11,711,274	\$ 10,584,665
PDCS	\$ 6,366,541	\$ 10,985,760
PDTX	\$ 11,179,716	\$ 15,147,862
Total	\$ 359,919,636	\$ 403,900,385

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COP 2017 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
DoD	\$10,663,444	\$5,000,000	\$15,663,444
HHS/CDC	\$ 95,180,315	\$32,109,398	\$127,289,713
HHS/HRSA	\$5,351,526	\$0	\$5,351,526
Peace Corps	\$2,698,458	\$2,436,740	\$5,135,198
State	\$5,920,946	\$0	\$5,920,946
USAID	\$181,529,623	\$63,009,935	\$244,539,558
Total	\$301,344,312	\$102,556,073	\$403,900,385

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The background features a dark blue, semi-transparent world map. A large, vibrant red ribbon graphic is positioned on the right side, looping around the map. The text "Civil Society Feedback" is centered in white, sans-serif font.

Civil Society Feedback

CSO Feedback on Treatment

- Commitment to address treatment program performance along the cascade through:
 - 1) intensive investigation of issues and best practices in specific districts, identification of contextual solutions
 - 2) Leveraging partner agreements under new SAFE contract to ensure innovation including engagement with CSOs as key partners in service provision (identify CSO-led innovations and scale)
 - 3) Long-term plan to identify, pilot and scale innovations including CSO-led and –supported provision; SEARCH-style interventions and more
 - 4) Issue-specific briefings for civil society in near-term on TB, stock outs, etc – engagement on treatment technical working group

CSO Feedback on Prevention and HRH

- You increased your PrEP target and populations to be reached! We are so happy!
- Your VMMC program is going well overall! Let us know how we can help!
- Use contractual review to drive improved performance on testing uptake for partners providing KP_PREV; revisit the downwardly revised target for FY17
- Help CSOs ensure you meet your PP_PREV goals by explaining which population segments you're aiming for, in which districts, what's working and not – at POART
- HRH strategy by September 30th – inclusive of CSO-based cadres and clarity on who is being hired in which sites, for what goals.

Thank you! We look forward to working together!



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