2017 Country/Regional Operational Plan Approval Meeting

Central Asia Region

OUTBRIEF
2 March 2017
Regional Context

Continued regional economic downturn:

- Declining commodity values; economic sanctions against Russia; slow-down of Chinese manufacturing; decreased remittances from Russia
- GF investments declining

Major programmatic and system gaps and barriers in achieving epidemic control:

- Punitive and discriminatory laws and policies toward KP;
- Stigma and discrimination that marginalize PWID and limit access to and uptake of HIV-related services;
- High personnel turnover resulting in low institutional knowledge on HIV response
- Limited epidemiological data on the size and location of these populations to help strategically target services.
Policy, Financing and Advocacy

Enabling Environment

Strategic Information

Capacity Building
### Strategic Outcome

<table>
<thead>
<tr>
<th>Activities</th>
<th>1 year benchmarks</th>
<th>2 year benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV rapid testing network defined, mapped, and enumerated for QA measure implementation; 40% of HIV RT providers receive capacity building intervention</td>
<td></td>
<td>100% of HIV RT providers receive capacity building interventions; proficiency testing implemented in all sites</td>
</tr>
</tbody>
</table>

#### Clinical Cascade

- **PLHIV diagnosed**
- **PLHIV On ART**
- **VL suppressed**

<table>
<thead>
<tr>
<th>Country</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tajikistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Kyrgyzstan</td>
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<tr>
<td>Kazakhstan</td>
<td></td>
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</tbody>
</table>

- **Number of new infections (million)**
- **Year**: 2010, 2015, 2020, 2025, 2030
## FY 16 & FY 17 Targets and Achievements

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY16 target</th>
<th>FY16 result</th>
<th>FY17 Target</th>
<th>FY17 Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP_PREV</td>
<td>7,328</td>
<td>9,884 (135%)</td>
<td>18,283</td>
<td>3,652</td>
</tr>
<tr>
<td>KP_MAT</td>
<td>1,184</td>
<td>859 (73%)</td>
<td>1,875</td>
<td>N/A</td>
</tr>
<tr>
<td>HTC_TST_DSD</td>
<td>348,879</td>
<td>407,391 (117%)</td>
<td>41,730</td>
<td>2,537 (6%)</td>
</tr>
<tr>
<td>HTC_TST_TA</td>
<td>N/A</td>
<td>N/A</td>
<td>591,508</td>
<td>123,878 (21%)</td>
</tr>
<tr>
<td>HTC_POS_DSD</td>
<td>1,364</td>
<td>1,993 (146%)</td>
<td>2,891</td>
<td>134 (5%)</td>
</tr>
<tr>
<td>HTC_POS_TA</td>
<td>N/A</td>
<td>N/A</td>
<td>1,551</td>
<td>382 (25%)</td>
</tr>
<tr>
<td>ADH_COMM</td>
<td>1,170</td>
<td>1,273 (109%)</td>
<td>4,800</td>
<td>1,016</td>
</tr>
<tr>
<td>TX_NEW</td>
<td>1,205</td>
<td>1,117 (93%)</td>
<td>5,476</td>
<td>482 (9%)</td>
</tr>
<tr>
<td>TX_CURR</td>
<td>3,411</td>
<td>3,730 (109%)</td>
<td>8,777</td>
<td>5,032 (57%)</td>
</tr>
<tr>
<td>TX_RET</td>
<td>N/A</td>
<td>84.7%</td>
<td>90%</td>
<td>N/A</td>
</tr>
<tr>
<td>TX_PVLS (TX_VIRAL)</td>
<td>2,808</td>
<td>2,011 (72%)</td>
<td>4,854</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Partner Performance HIV Flagship-KG

Recruitment chain (Nov 2016) Pravo na Zhisn

- HIV+ seed
- HIV- seed
- HIV- referral
- HIV+ referral
- Pending referrals
Key Findings

1. Importance of HIV+ seeds.

2. PWID who purchase drugs have large networks of peers, and so make good seeds.

3. PLHIV PN more effective at moving clients along the cascade.

4. Networks can end at a newly diagnosed HIV positive person.

5. Give more coupons to people who refer someone who tests HIV positive.
Strategic Outcome #1

*Intensified case-finding among key populations*

**ABOVE-SITE**
- Develop national guidelines, training curriculum, and certification for HIV rapid testing (HRT) quality assurance (QA)
- Advocate for expanded access to community-based HRT

**SITE LEVEL**
- Community-based peer driven outreach (PDO) for PWID
- Collaboration between facilities and KP-led NGOs to identify KP patients lost to follow up and initiate treatment
- Provider initiated HIV testing for under-served, potentially high-prevalence patients (viral hepatitis, STI)
- Implement HIV rapid testing quality assurance at all testing outlets
Strategic Outcome #1: 
*Intensified Harm Reduction*

**ABOVE-SITE**
- Advocacy for expanded access to needle and syringe exchange programs (NSP) and medicated assisted therapy (MAT) in prison and community settings in Kazakhstan and Tajikistan
- Support revision of MAT clinical protocols and policy revisions for high volume, low threshold services in partnership with the Republican Narcology Centers (RNC) in each country

**SITE LEVEL**
- RNC-led MAT demonstration sites within PEPFAR regions to demonstrate the potential of high volume, low threshold services
- Case management for new MAT patients to improve retention
- Technical assistance for MAT program quality improvement
- Comprehensive harm reduction package for PWID in PEPFAR regions in Tajikistan
Strategic Outcome #2

Increased HIV treatment uptake

ABOVE-SITE

• Test and Start implementation advocacy
• Implementation of new clinical protocols, including differentiated models of service delivery, and adherence support
• Advocacy for procurement and forecasting of low-cost, WHO pre-qualified ARVs
• Continuation & expansion of virtual mentoring (Project ECHO)

SITE LEVEL

• Mentorship and training to build clinical capacity for HIV case management for timely ARV initiation and retention
• Capacity building to utilize electronic HIV case management system (EHCMS) data to improve clinical practice
• Pilot integration of HIV treatment into ID cabinets of primary health centers in Dushanbe
KAZAKHSTAN – ARV procurement through UNICEF

Updates:
Generic ARVs arrived Dec/Jan
Labeling will be done in Kazakh & Russian
Brand ARVs coming
Key Policy Adoption

Test and START status:

– **Tajikistan**: TWG formed; new treatment protocol being drafted; expect finalization and MOH approval by April 2017

– **Kyrgyz Republic**: TWG formation expected April 2017

– **Kazakhstan**: new clinical protocol drafted; all PLHIV eligible for ART regardless of CD4 or clinical stage. New protocol submitted to the MOH for approval in February 2017
Strategic Outcome #2

*Improved linkages to HIV treatment & retention*

**ABOVE-SITE**
- Provide TA for improved policies around MAT

**SITE LEVEL**
- Link HIV+ KPs to care and treatment
- Link HIV+ prisoners to treatment post-release
- Link HIV+ PWID to MAT, where available
- Community-based adherence support
- Facility-based Home Visiting Nurse support
- Pilot test community-based MAT adherence support
Strategic Outcome #2
Adherence and Viral Load Suppression

**ABOVE-SITE**
- Develop national policies for QMS, including EQA/PT
- Build quality management system for VL testing according to ISO standards
- Develop and implement viral load scale up plan, including viral resistance testing

**SITE LEVEL**
- Strengthen laboratory staff capacity on viral load testing
Strategic Outcome #3

**Strengthened government capacity to manage and finance HIV response**

**ABOVE-SITE**

- Support KP-led NGOs to monitor service delivery quality and accessibility
- Build civil society capacity to successfully access to social contracting funds to partner in the HIV programming
- Advocate for increased domestic financing in the national HIV response

**SITE LEVEL**

- Train health care workers and prison staff in stigma and discrimination
- Conduct follow-up stigma survey to monitor progress and tailor interventions to reduce stigma and discrimination
Strategic Outcome #3:

**Strengthened Government Capacity to Monitor the National Response**

**ABOVE-SITE**

- Provide technical assistance for the implementation of national surveillance data systems and protocol development
- Institute and strengthen data management and analysis units at the Republican level to utilize data on HIV case management and MAT patients to improve program implementation

**SITE LEVEL**

- Institutionalize the electronic HIV case-management system (EHCMS) and electronic methadone register (EMR) systems at each service delivery point in the region
- Build site-level capacity on data use for program implementation, monitoring, and reporting
# Proposed FY18 Targets

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY17 Target</th>
<th>Proposed FY18 targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP_PREV</td>
<td>18,283</td>
<td>11,442</td>
</tr>
<tr>
<td>KP_MAT</td>
<td>1,875</td>
<td>1,970</td>
</tr>
<tr>
<td>HTC_TST_DSD</td>
<td>6,006</td>
<td>76,632</td>
</tr>
<tr>
<td>HTC_TST_TA</td>
<td>591,508</td>
<td>N/A</td>
</tr>
<tr>
<td>HTC_POS_DSD</td>
<td>2,891</td>
<td>3,089</td>
</tr>
<tr>
<td>HTC_POS_TA</td>
<td>1551</td>
<td>N/A</td>
</tr>
<tr>
<td>ADH_COMM</td>
<td>4,800</td>
<td>9,716</td>
</tr>
<tr>
<td>TX_NEW</td>
<td>5,476</td>
<td>5,715</td>
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<tr>
<td>TX_NET_NEW</td>
<td>4,578</td>
<td>4,582</td>
</tr>
<tr>
<td>TX_CURR</td>
<td>8,777</td>
<td>11,323</td>
</tr>
<tr>
<td>TX_RET</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>TX_PVLS (TX_VIRAL)</td>
<td>4,854</td>
<td>7,897</td>
</tr>
</tbody>
</table>
ROP 16 to ROP 17
Financial Resource Investments and Trends

- HVCT
- IDUP
- HBHC
- HTXS
- HTXD
- HVTB
- HVSI
- HLAB
- OHSS

Prevention | Treatment | HHS
<table>
<thead>
<tr>
<th>Country</th>
<th>Total allocation</th>
<th>HIV allocation</th>
<th>Change from previous allocation</th>
<th>Domestic co-financing</th>
<th>funding approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tajikistan</td>
<td>$22,692,201</td>
<td>$12,939,544</td>
<td>-43%</td>
<td>20%</td>
<td>Tailored approach</td>
</tr>
<tr>
<td>Kyrgyz Republic</td>
<td>$23,470,014</td>
<td>$11,266,362</td>
<td>-34%</td>
<td>15%</td>
<td>Program Continuation + Catalytic Funding</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>$12,544,663</td>
<td>$4,500,000</td>
<td>-58%</td>
<td>25%</td>
<td>Tailored approach</td>
</tr>
</tbody>
</table>
Increasing Efficiency

- Improving service delivery models
- Integrating in PHC services
- ARV procurement changes
- Integrating into Health Insurance
- Expanding Social Contracting with NGOs
- Increasing domestic resources
- Costed National Strategic Plans

Building Sustainability
“NGOs are not an objective but are tools to help countries achieve national health program strategic goals and the SDGs.”

– Global Fund representative
Reduce stigma and discrimination

Improve Viral Load suppression

Harm reduction

Improve/update models of service delivery

Build sustainable health systems

Strengthen analysis & data use to target resources

PEPFAR Contributions
SUPPLEMENTAL FUNDING REQUESTs

Strategic Outcome #1: Intensified harm reduction and targeted case finding among key populations in priority geographic areas

- Identify best practices for increasing HIV-positive yield and use additional resources to demonstrate cost effectiveness of scaling.

In addition, consideration will be given during the ROP review to supplement the ROP 2017 budget with additional funding for pilot activities to improve case identification and treatment uptake among men who have sex with men and female sex worker populations within one or two current priority subnational units in Tajikistan with an associated increase in HTC and TX targets. If this pilot activity shows promise over the next year, further expansion can be explored in 2018.
Cost Effectiveness Analysis

Goals:

1. To estimate the current costs of two models of case-finding and assess the potential health impact and efficiency benefits of providing and scaling up the PDO model among PWID in Kyrgyz Republic
2. To project the costs of scaling-up the PDO model of case-finding throughout Kyrgyz Republic and Tajikistan

The analysis will assess the following patient-level costs for each outcome:

(i) the cost per client by intervention arm,
(ii) the cost per client tested for HIV,
(iii) the cost per newly-diagnosed HIV case,
(iv) the cost per HIV-infected person lost to follow up and brought back to care, and
(v) a comparison of the disease stage of those diagnosed through each method

The incremental cost-effectiveness ratio (ICER) for each outcome will also be calculated for the Kyrgyz Republic.

Total Estimated Activity Cost: $110,000
Peer-driven case finding among MSM in Dushanbe & Bishkek

Goals:

1. Pilot peer-driven case finding among men who have sex (MSM) in the capital cities of Dushanbe and Bishkek to assess the potential impact and acceptability of this method among a new group in this context.

2. Utilize program data to validate MSM population-size estimates and HIV prevalence among a highly stigmatized and underground population.

Estimated potential results for year 1 utilizing the best available data:

<table>
<thead>
<tr>
<th>Country</th>
<th>SNU</th>
<th>Est. PSE (MSM)</th>
<th>HIV Prevalence (IBBS)</th>
<th>Yield Estimate, MSM-focused testing</th>
<th>Estimated MSM PLHIV</th>
<th>Estimated number MSM PLHIV Dx</th>
<th>Estimated UnDx MSM PLHIV PLHIV</th>
<th>Target coverage rate</th>
<th>HTC_TST_DSD</th>
<th>HTC_TST_POS</th>
<th>Linkage to treatment</th>
<th>TX_NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kyrgyzstan</td>
<td>Bishkek</td>
<td>4,056</td>
<td>13%</td>
<td>4%</td>
<td>527</td>
<td>77</td>
<td>450</td>
<td>50%</td>
<td>5,631*</td>
<td>225</td>
<td>95%</td>
<td>214</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>Dushanbe</td>
<td>3,400</td>
<td>4%</td>
<td>4%</td>
<td>136</td>
<td>39</td>
<td>97</td>
<td>50%</td>
<td>1,210</td>
<td>48</td>
<td>95%</td>
<td>46</td>
</tr>
</tbody>
</table>

Total estimated cost of pilot in both cities across two years of implementation:

Y1- $450,000 Y2- $350,000 (contingent upon Y1 achievement)

*HTC_TST_DSD target exceeds MSM PSE in Bishkek, however, its likely sexual networks cross into Chui Oblast
Thank you all

QUESTIONS?