COP 2017 Approval Meeting Outbrief

South Africa
### PEPFAR South Africa Stakeholder Engagement Calendar - COP17

<table>
<thead>
<tr>
<th>Date</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 January</td>
<td>Shared widely draft COP17 Guidance for public comment</td>
</tr>
<tr>
<td>24 January</td>
<td>Embassy Charge d'Affaires meets with TAC leadership and Section 27</td>
</tr>
<tr>
<td>31 January</td>
<td>Health Partners Forum COP16 update and draft COP17 presentation and discussion; wide dissemination of presentation, posting to Embassy website</td>
</tr>
<tr>
<td>3 February</td>
<td>Meeting with PLHIV apex organizations (TAC, NAPWA, PWN, SANARELA)</td>
</tr>
<tr>
<td>7 February</td>
<td>Meeting with UN agencies</td>
</tr>
<tr>
<td>8 February</td>
<td>Meeting with SANAC CSF PLHIV Sector</td>
</tr>
<tr>
<td>13-28 February</td>
<td>Meeting with 1300 participants of &gt;600 community organizations from 27 focus districts as part of Community Grants funding opportunity outreach</td>
</tr>
<tr>
<td>6 March</td>
<td>Meeting with TAC leadership; shared widely post DCMM out brief and inputs</td>
</tr>
<tr>
<td>13 March</td>
<td>Widely shared draft COP17 SDS submission for comments</td>
</tr>
<tr>
<td>16 March</td>
<td>Widely shared summary 59 inputs/questions from CS with PEPFAR agency responses</td>
</tr>
<tr>
<td>20 April</td>
<td>CS and external partners teleconference review of inputs to date and highlighting of any other issues</td>
</tr>
<tr>
<td>21 April</td>
<td>GoSA and USG Partnership Framework Steering Committee COP17 endorsement</td>
</tr>
<tr>
<td>24-26 April</td>
<td>Six SANAC CSF representatives and other external partners at COP17 review and approval</td>
</tr>
</tbody>
</table>
What we liked

• Engagement was better
• Responsiveness to concerns-feedback
• Transparency about the challenges from the data
• More slots for CSO participation in the reviews
• PEPFAR investment in better data systems
Key Concerns

• Better inclusion in consultations at provincial and district levels
• CHWs and lay workers (for PEPFAR to address)
  • Mapping of implementing partner community funded HR interventions by staff category, program area, job description, training, cost and salaries by implementing partner and IMPACT of this
  • TA to the govt CHW policy development on how to harmonise these different cadres over the medium-term to ensure sustainability and development of curricula for lay cadres
• Details of implementation “we will do A&B but what does that mean and how”
• Visible absence of NDoH and other depts in the reviews
• Funding to community based organisations
Improvement possibilities in the implementation

• Replication of interventions what's working in different districts
• Duplication – AVOID, be on a constant lookout
• Resources for consultations beyond national stakeholders
• Separate key pops interventions according to different needs and programs
• Do not co-mingle MSM with Transgender women
• Resources to be prioritized to new CBOs/implementers
• SEARCH
COP17 Overview
Policy Updates

• September 2016: Launch of Test and Treat;
  • Offer Same Day Same Site Initiation

• National Adherence Guidelines implementation
  • Adherence Clubs
    • By end October 2016, 10,323 clubs in the 27 PEPFAR-supported districts
  • Central Chronic Medicine Dispensing and Distribution Programme (CCMDD) exceeding targets (910,000 PLHIV)

• March 2017: Launch of National Strategic Plan 2017-2022
  • Focused for impact in 27 districts
  • Focus on Adolescent Girls and Young Women (AGYW)
Goals of the new National Strategic Plan 2017-2022

1. Accelerate **prevention** to reduce new HIV, TB and STI infections
2. Reduce morbidity and mortality by providing HIV, TB and STIs **treatment, care and adherence** support for all
3. Reach all **key and vulnerable populations** with customized and targeted interventions
4. Address the **social and structural drivers** of HIV, TB and STI infections
5. Ground the response to HIV, TB and STIs in **human rights** principles and approaches
6. Promote **leadership and shared accountability** for a sustainable response to HIV, TB and STIs
7. Mobilize **resources** to support the achievement of NSP goals and ensure a sustainable response
8. Strengthen **strategic information** to drive progress towards achievement of NSP goals
COP17 Focus

• Layer and integrate combination prevention interventions to protect AGYW and marginalized populations in the highest-burden districts;
• Accelerate improvements in linkage and adherence to treatment;
• Expand differentiated service delivery across the HIV and TB cascade (e.g., Peer-led prevention and patient linkage, Index testing for HIV and TB case finding, Adherence Clubs); and
• Increasing condom use, VMMC, testing, and treatment for men.
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
# Impact over time: TX_NEW and TX_CURR Details

<table>
<thead>
<tr>
<th>COP 17 Priority</th>
<th>COP 16 # of SNUs by district</th>
<th>TX_NEW: APR 2016 Achievment</th>
<th>TX_CURR: APR16 Achievment</th>
<th>TX_NEW: Results to-date (SAPR)*</th>
<th>TX_CURR: Results to-date (SAPR)*</th>
<th>COP 17 # of SNUs by district</th>
<th>TX_NEW: COP 2017 Target (APR 2018)</th>
<th>TX_CURR: COP 2017 Target (APR 2018)</th>
<th>Net New: COP 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>52</td>
<td>639,791</td>
<td>3,423,328</td>
<td>359,646</td>
<td>2,980,914</td>
<td>52</td>
<td>1,033,411</td>
<td>4,371,019</td>
<td>425,686</td>
</tr>
<tr>
<td>Attained</td>
<td></td>
<td></td>
<td></td>
<td>134,835 (37%)</td>
<td>1,075,277 (68%)</td>
<td>6</td>
<td>270,263</td>
<td>1,716,490</td>
<td>47,742</td>
</tr>
<tr>
<td>Saturation</td>
<td>4</td>
<td>201,062</td>
<td>953,646</td>
<td>224,811 (35%)</td>
<td>1,905,637 (77%)</td>
<td>21</td>
<td>762,338</td>
<td>2,645,939</td>
<td>378,760</td>
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<tr>
<td>Aggressive</td>
<td>23</td>
<td>345,735</td>
<td>1,762,117</td>
<td></td>
<td></td>
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<tr>
<td>Sustained</td>
<td>9</td>
<td>79,897</td>
<td>443,846</td>
<td>134,835 (37%)</td>
<td>1,075,277 (68%)</td>
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<tr>
<td>Centrally Supported</td>
<td>16</td>
<td>13,097</td>
<td>263,719</td>
<td></td>
<td></td>
<td>25</td>
<td>810</td>
<td>8,590</td>
<td></td>
</tr>
</tbody>
</table>

*27 Priority Districts

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A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
**Top-line summary: Focus Districts (n=27)**

*Duplicated values for FY17Q2

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<table>
<thead>
<tr>
<th>Indicator code</th>
<th>FY17 Targets</th>
<th>Oct to Dec 2016</th>
<th>Jan to Mar 2017</th>
<th>FY17 Cumulative</th>
<th>% achieved towards target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical cascade</strong></td>
<td></td>
<td></td>
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<tr>
<td>HTC_TST</td>
<td>5,767,766</td>
<td>2,539,367</td>
<td>2,431,237</td>
<td>4,970,604</td>
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<td>HTC_POS</td>
<td>823,111</td>
<td>234,997</td>
<td>226,767</td>
<td>461,764</td>
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<td>TX_NEW</td>
<td>965,131</td>
<td>168,615</td>
<td>185,863</td>
<td>354,478</td>
<td>37%</td>
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<tr>
<td>TX_CURR</td>
<td>3,935,927</td>
<td>2,796,143</td>
<td>2,980,914</td>
<td>2,980,914</td>
<td>76%</td>
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<tr>
<td><strong>PMTCT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMTCT_STAT</td>
<td>719,446</td>
<td>199,756</td>
<td>188,381</td>
<td>388,137</td>
<td>54%</td>
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<tr>
<td>PMTCT_ART</td>
<td>155,489</td>
<td>49,693</td>
<td>46,961</td>
<td>96,654</td>
<td>62%</td>
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<tr>
<td><strong>TB</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB_STAT</td>
<td>221,022</td>
<td>-</td>
<td>74,756</td>
<td>74,756</td>
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<td>TB_ART</td>
<td>121,810</td>
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<td>49,484</td>
<td>49,484</td>
<td>41%</td>
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<tr>
<td><strong>Prevention</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VMMC_CIRC</td>
<td>393,465</td>
<td>89,011</td>
<td>44,626</td>
<td>133,637</td>
<td>34%</td>
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<tr>
<td>KP_PREV</td>
<td>109,385</td>
<td>-</td>
<td>104,419</td>
<td>104,419</td>
<td>95%</td>
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<tr>
<td>PP_PREV</td>
<td>565,185</td>
<td>-</td>
<td>336,565</td>
<td>336,565</td>
<td>60%</td>
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<tr>
<td>PrEP_NEW</td>
<td>1,279</td>
<td>268</td>
<td>304</td>
<td>572</td>
<td>45%</td>
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<tr>
<td><strong>OVC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVC_SERV</td>
<td>647,969</td>
<td>-</td>
<td>438,116</td>
<td>438,116</td>
<td>68%</td>
</tr>
</tbody>
</table>
Top Line Program Summaries: DREAMS, OVC, and Key Populations
Achievement (April 2016 – February 2017)

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- - - - - 41.6% Threshold for 2-year Target
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Priority Populations Prevention Performance (July-December 2016)

School-based and Community Mobilization Interventions

<table>
<thead>
<tr>
<th>TARGETS COP and DREAMS</th>
<th>Results</th>
<th>% of target achieved</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PP_PREV</td>
<td>580,081</td>
<td>340,878</td>
<td>59%</td>
</tr>
</tbody>
</table>

Overall – 171,243 AGYW (10-24) – 50.2% of Achievement
Attained – 130,346 AGYW – 76% of AGYW Reached

Priority Population Prevention Performance by District (SAPR FY17)

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Utilizing OVC partners to improve HIV risk avoidance for 9-14 year olds

COP 2015: **81,079** children 10-14 served; **55%** were girls

### HIV Prevention Education

**VHUTSHILO 1**
- Structured, 15 week curriculum-based skills building & risk reduction intervention
- Targets 10-13 yr olds
- Facilitates supportive behaviors, future orientation, & knowledge and attitudes about HIV/AIDS & sexual and relationship health.

### Parenting Programs

**Let’s Talk**
- Family strengthening & HIV prevention program that improves mental health and reduces HIV risk for children (13-19) & caregivers.
- Separate caregiver & adolescent sessions; plus 4 joint sessions

**Family Matters**
- Parent-focused intervention, promotes positive parenting & effective parent-child communication about sexuality and sexual risk reduction, including risk for child sexual abuse & GBV (9-12 year old); 6 weekly sessions + 7th session for family & community members of ALHIV

### Education Support

- Monitoring of progression and retention
- Homework support; Mentoring of matriculants
- Material support (school uniforms, transport, etc.)
- Accredited lay counselling training & continuous mentoring for teachers

### Case Management

- Identification, assessment, monitoring

### Girl Centered Approach

- Creating safe spaces
- Building social assets
- Developing safety plans
- Mentoring

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Utilizing OVC partners to Address Gender Based Violence

**OV CY, their families and communities**
- Vhutshilo 2.2: Evidence-based HIV Prevention Curriculum (includes GBV)
- Thuthuzela Care Centres, Health Facilities: increased PEP, referrals and linkages; entry point
- National Schools Safety Framework & School Governing Bodies: school safety hubs for children
- Community mobilization & norms change

**Community Caregivers, Child & Youth Care Workers, & Health Care Workers**
- Child-Friendly Domestic & Sexual Violence Screening Tool
- GBV E-Learning Module for HCW- sensitized & appropriate care
- Supportive Referral Initiative- sensitized pre- and post-test HIV counselling training/increased referrals and linkages
- Child Safeguarding Training
- Social Work Forensic Report Writing Training
- Therapeutic Program for Children Affected by Child Sexual Abuse (Manual for Social Worker Practitioners)
- Adverse Childhood Experiences (ACES) Screening Tool to design appropriate preventative interventions
- Integration of AYFS with GBV services
Targeted interventions for KP: Summary

**SWs**
- ~153,000 FSWs\(^1\)
- 40%-72% HIV Prevalence\(^2\)
- 18 Sites (clinics/drop-in centers, mobiles, street, internet)
- Comprehensive prevention & TXT package (incl. PrEP, ART & STIs)

**MSM/TG**
- ~1.2 million\(^3\)
- 28% HIV Prevalence\(^3\)
- 6 sites - Social networking, home, events, venues
- Prevention (Mpowerment) with HTS, linkages to TXT & PrEP

**PWID**
- ~67,000\(^4\)
- 14% HIV Prevalence\(^4\)
- 3 sites - Street, parks, abandoned buildings outdoor venues
- Comprehensive harm reduction and HIV prevention package. OST starting

**Inmates**
- ~160,000 (but high turnover)\(^5\)
- Unknown
- 242 correctional centers
- Peer-based HIV prevention package (STEPS) - focus on linkages after release

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1 SWEAT. Estimating the size of the sex worker population, 2013
2 UCSF. South African Health Monitoring Survey, 2014
3 UCSF MSM Triangulation report, 2015
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Addressing Leakages in the KP Cascade

Access to health services (stigma)
- Develop & pilot sensitization and clinical competency tool kit
- Roll out tool kit through Department of Health's Regional Training Centers & IPs

Increase MSM uptake of HTS
- Aggressive recruitment of new and high-risk MSM through social media and peers
- Pilot Social Network Strategy and self-testing for MSM
- Improve services in rural areas

FSW – increase uptake of & adherence to ART and PrEP
- Strengthen peer navigation, peer education and support
- Onsite & immediate ART (within 3 days) and PrEP initiation; mobile clinics to provide refills
- Develop standard unique ID used by all IP and donors so that FSWs can obtain ART at any site
PrEP for FSWs: Challenges and Successes

High levels of mobility
- Develop and implement a PrEP Unique Identifier to track SWs
- Work with Global Fund implementers to use same identifier

~35% drop off after first month
- Train peers on adherence guidelines
- Establish support groups through peers
- Prepare beneficiary for PrEP uptake

Long waiting time before initiation (lab results)
- Initiate within 3 days
- Consultation once lab results are returned

Side Effects (Concerns)
- Train peers to support SWs on PrEP
- Improve messaging through feasibility studies and through training peers

Seroconversion
- 5/491 SWs seroconverted on PrEP
- Close monitoring and adherence support

HIV Tests
- 22,892
- Neg. HIV Tests: 19,892 (87%)
- PrEP Initiations: 1,232 (6%)

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Program Deep Dive Summary: Initiating HIV+ People on Treatment
### COP 2017 Facility Modality Targets

#### Entry Streams for ART Enrollment

<table>
<thead>
<tr>
<th></th>
<th>Tested for HIV</th>
<th>Identified Positive</th>
<th>Newly initiated (90% Linkage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Facility *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Patient</td>
<td>7,917,871</td>
<td>806,241</td>
<td>725,617</td>
</tr>
<tr>
<td>PITC</td>
<td>7,436,052</td>
<td>736,584</td>
<td>662,926</td>
</tr>
<tr>
<td>TB</td>
<td>211,946</td>
<td>47,069</td>
<td>42,362</td>
</tr>
</tbody>
</table>

#### SAPR 2017 Facility Modality Results

*Not comprehensive of all facility HTS entry streams

- **In Patient**
  - Females: 8.36%
  - Males: 7.99%

- **PICT/VCT**
  - Females: 8.87%
  - Males: 9.02%

- **TB**
  - Females: 36.16%
  - Males: 31.54%

- **ANC/VMMC**
  - Females: 13.20%
  - Males: 2.97%

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Innovative Shifts to Align & Maximize Interventions for Targeted Populations

SAPR 2017– DREAMS Districts Priority Age Bands:
Females: 15-24; Males: 20-49

Female (15-19): Mobile testing and testing at Adolescent friendly units
Female (20-25): Index testing - Test partners and children; Partner notification
Male (15-24): Mobile, social network/snowball
Male (25-35): Mobile - Work place and “Twilight testing” - Index testing and Patient notification

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# COP 2017 Targets (HTS & TX_NEW)

<table>
<thead>
<tr>
<th>Entry Streams for ART Enrollment*</th>
<th>Tested for HIV</th>
<th>Identified Positive</th>
<th>Newly initiated (90% Linkage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>1,915,892</td>
<td>166,819</td>
<td>150,137</td>
</tr>
<tr>
<td>Home Based</td>
<td>440,927</td>
<td>30,674</td>
<td>27,607</td>
</tr>
<tr>
<td>Index</td>
<td>482,093</td>
<td>36,770</td>
<td>33,093</td>
</tr>
<tr>
<td>Mobile</td>
<td>801,092</td>
<td>76,194</td>
<td>68,575</td>
</tr>
<tr>
<td>Other (KP)</td>
<td>191,780</td>
<td>23,181</td>
<td>20,863</td>
</tr>
<tr>
<td>Facility</td>
<td>8,189,983</td>
<td>820,197</td>
<td>738,177</td>
</tr>
<tr>
<td>In Patient</td>
<td>269,873</td>
<td>22,588</td>
<td>20,329</td>
</tr>
<tr>
<td>PITC</td>
<td>7,480,240</td>
<td>741,065</td>
<td>666,959</td>
</tr>
<tr>
<td>TB</td>
<td>211,946</td>
<td>47,069</td>
<td>42,362</td>
</tr>
<tr>
<td>Pediatric</td>
<td>227,924</td>
<td>9,475</td>
<td>8,528</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,105,875</strong></td>
<td><strong>987,016</strong></td>
<td><strong>888,314</strong></td>
</tr>
</tbody>
</table>

*Not comprehensive of all HTS entry streams

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

TX_NEW Target (PEPFAR) vs. TX_NEW Result (DHIS): July '16-February '17
Females TX_CURR coverage (Q2 ‘17) and remaining gap to COP17 target by age, sex band

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TX-NEW: Q2-17

Saturation Districts
Focus Districts (DREAMS): PLHIV Newly Initiated on Treatment (DATIM)

37%
Ekurhuleni Best Practices 82% Linkage

• Community Outreach/Mass Media
• Gap analysis for each age band in each clinic
• Linkage and Retention targets for clinics and cadres
• Targeted HR investments and placements: Data Capturers; Linkage and Retention Officers
• Community-based treatment initiation
• Changing counseling messages for UTT
• Real time data – App for partners
COP 17: Toolbox to Increase Linkage and Retention

• How
  1. Intensified Partner Management
  2. HR Development and Support

• What:
  1. Unique Patient Identifier
  2. Tier.net Expansion
  3. Maximizing Entry Points
  4. Moving Stable Patients out of Facilities
  5. GP Models
  6. Communication campaigns for TX_NEW
  7. Ideal Clinic Expansion
  8. Community-Facility Linkage

• Who:
  1. Men
  2. AGYW
  3. Pediatrics
Intensified Partner Management

• Prioritization of districts by PLHIV burden and classification
• Real time reporting
• Facility performance review (deep dive analysis)
  • Bottom 10, bottom 20
  • Mainly been done for HTC_POS and TX_NEW (including linkage)
  • Currently also looking at TX_RET, TX_VIRAL, TX_UNDETECT
• Monthly Partner/district performance meetings
  • Review of deep dive analysis
  • Overall bottle-neck analysis
  • Formulation of remediation plans/process
  • Clinic targets with age bands, linkage and retention
• Interagency technical reviews
• Revision of partner assignments for districts with sub-optimal performance
## eThekwini – Strategies to Improve Case Finding, Linkage and Retention (1/2)

<table>
<thead>
<tr>
<th>Key issues</th>
<th>COP16 Interventions to be accelerated</th>
<th>New Interventions</th>
</tr>
</thead>
</table>
| 1. Intensified Partners Management | • Weekly phone calls with key focal person to discuss immediate challenges  
• Monthly Performance meeting (conducted by both agencies with both DSPs) | • Geospatial mapping  
• Performance meeting (conducted by together by both agencies with both DSP Partners)  
• Weekly tracking of results |
| 2. Low case finding from HTS entry point | • Tracking and tracing known PLHIV not on ART  
• PITC in all facilities and entry points including FP  
• Index client testing  
• Ensure 100% of DREAMS female clients 15-24 are tested and positive linked to Treatment | • Geospatial mapping (for case finding, poor linkage to care)  
• Facility linkage officers (increase HR based on gap)  
• Granular clinic and cadre targets |
| 3. Maximizing Entry Points – Early ART initiation (TB and presumptive TB entry point and district hospital service delivery point) | • Fast Track ART Initiation Counselling (FTICC) to ensure patient readiness  
• Early ART initiation – within 3 days | • Expand community-based ART initiation based on successful model adopted in uMgungundlovu  
• Same day ART initiation |
### eThekwini – Strategies to Improve Case Finding, Linkage and Retention (2/2)

<table>
<thead>
<tr>
<th>Key issues</th>
<th>COP16 Interventions to be accelerated</th>
<th>New Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Improve Linkage to treatment</td>
<td>- Intra and inter-facility linkage&lt;br&gt;- Community-facility linkage&lt;br&gt;- CBO contracting to support tracking and tracing of PLHIV and adherence clubs</td>
<td>- Rollout on unique ID (&gt;90% coverage)&lt;br&gt;- Linkage officers to coordinate community-facility linkages&lt;br&gt;- Community engagement through clinic committees</td>
</tr>
<tr>
<td>5. GP Models</td>
<td>- None</td>
<td>- Identify 12 – 20 GPs to initiate 12,000 – 15,000 TX_NEW&lt;br&gt;- 10% TX_NEW&lt;br&gt;- 10% TX_CURR decanted</td>
</tr>
<tr>
<td>5. Mass Media Campaign</td>
<td>- “Better Off Knowing” social mobilization &amp; media campaign to promote HIV and TB testing, treatment initiation and adherence</td>
<td>- National Media Campaign – June 2017</td>
</tr>
</tbody>
</table>
HRH Deep Dive
## Models of Support for Treatment and Retention

<table>
<thead>
<tr>
<th></th>
<th>Roving team support (part-time assistance)</th>
<th>Surge model (fix-and-go)</th>
<th>Secondments (full-time staff placement)</th>
</tr>
</thead>
</table>
| **Context**                   | • Provide longer term direct service part time across 2 to 10 facilities | • Address acute problems through intensified efforts  
• Only used for specific issues (e.g. data backlog) | • Respond to urgent need to fill HRH gap  
• Staff embedded at a single facility |
| **Activity**                  | • Capacitate DoH staff while contributing significantly toward targets | • Assess systems issues contributing to identified bottleneck  
• Monitor site for sustained improvement | • Contribute daily to achieving facility’s targets |
| **Team Composition**          | • Nurse and data capturer but may also include pharmacist and/or counselor; | • Nurse, data capturer, counselor, pharmacist, lab advisor | • May include nurse prescriber, data capturer, patient navigator |
| **Time Frame**                | • 6-18 month | • 3 to 6 week | • 12 month contract with no commitment to be retained. |
### Composition of Three Service Delivery Models

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Roving</th>
<th>Surge</th>
<th>Seconded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>942</td>
<td>355</td>
<td>94</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>52</td>
<td>75</td>
<td>54</td>
</tr>
<tr>
<td>Data Capturer</td>
<td>313</td>
<td>181</td>
<td>226</td>
</tr>
<tr>
<td>Management</td>
<td>17</td>
<td>203</td>
<td>11</td>
</tr>
<tr>
<td>Lay</td>
<td>1489</td>
<td>682</td>
<td>301</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2813</strong></td>
<td><strong>1496</strong></td>
<td><strong>686</strong></td>
</tr>
</tbody>
</table>

#### Breakdown by Staff Type

- **Roving Team**
  - Clinical: 33.5%
  - Clinical Support: 52.9%
  - Data Capturer: 11.1%
  - Management: 0.6%
  - Lay: 1.9%

- **Surge**
  - Clinical: 45.6%
  - Clinical Support: 13.7%
  - Data Capturer: 12.1%
  - Management: 5.0%
  - Lay: 13.6%

- **Seconded**
  - Clinical: 43.9%
  - Clinical Support: 32.9%
  - Data Capturer: 7.9%
  - Management: 1.6%
  - Lay: 13.7%

---

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Heat map of clinical cadre PEPFAR-supported FTEs associated with a PEPFAR site in FY2017 (Oct 2016 to present). Total clinical FTE: 1513

Heat map of increase in TX_NEW at PEPFAR sites Average FY2017 performance to-date, Oct 1 – Jan 31 vs. Average FY2016 performance (entire FY)
Heat map overlay: PEPFAR-supported clinical HRH (blue) over increase in TX_NEW (green) at PEPFAR sites. Orange = greatest overlap.

Spearman’s rho (non-parametric correlation) stratified by type of site:

r=0.58, p<0.01

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Program Deep Dive Summary: Voluntary Medical Male Circumcision (VMMC)
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PEPFAR VMMC_CIRC FY17 SAPR Results and % of target achieved

Overall=36%
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VMMC Partner Performance—Ethekwini, 2016 & 2017

Q1 Q2 Q3 Q4

2016

Match

QBHC

2017

Match

TBHC

Match

TBHC

Q1 Q2 Q3 Q4

% Annual Achievement
VMMC Facilities and Unmet Need by District, KwaZulu-Natal

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PEPFAR VMMC performance by age (July 15 - Mar 17)
## Strategy for Achieving Targets in ETekwini

<table>
<thead>
<tr>
<th>Demand Creation</th>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with <strong>male dominated industries</strong> (fisheries, ports, transportation etc.) leveraging Gates Foundation’s business expertise</td>
<td>• Increase use and efficiencies of <strong>mobile clinics</strong></td>
</tr>
<tr>
<td>• Leverage local leadership for VMMC buy-in: <strong>Zulu Prince</strong></td>
<td>• Deploy <strong>roving teams</strong> to fixed sites in line with site utilization</td>
</tr>
<tr>
<td>• Use <strong>Zulu celebrities</strong> as VMMC ambassadors</td>
<td>• Better programming of resources through <strong>site utilization tool</strong></td>
</tr>
<tr>
<td></td>
<td>• Build upon implementation science to expand targeted services for older men</td>
</tr>
<tr>
<td></td>
<td>• Replicating successful interventions to increase follow-up rates</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partner Management</th>
<th>Strategic Shifts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low performing <strong>partner discontinued</strong> from providing services in KZN, replaced with highest performing partner</td>
<td>• Enhanced <strong>utilization of HTS platforms</strong> to recruit MMC clients</td>
</tr>
<tr>
<td>• Expanding services through the utilization of <strong>high performing</strong> partners (RTC, SACTWU &amp; JHPIEGO)</td>
<td>• <strong>Traditional leadership engagement</strong> in demand creation</td>
</tr>
<tr>
<td>• Develop <strong>weekly</strong> site level targets</td>
<td>• Increase linkage between PP_PREV based community dialogues and VMMC services</td>
</tr>
<tr>
<td>• Increased <strong>adverse event monitoring</strong> through careful partner management</td>
<td>• Expand <strong>Imbizos</strong> (leverage on experience from GP) with VMMC ambassadors with education tailored towards men 15-34</td>
</tr>
<tr>
<td></td>
<td>• Explore <strong>self-testing</strong> to address perceived barrier to VMMC</td>
</tr>
</tbody>
</table>
COP 17 Submission, Mar 2017: Number of VMMCs required to reach 80% MC coverage among males ages 15–34

- COP17 target: 581,656
- 80% coverage 26/28 districts
- Intense focus on reaching those aged 15-34 years of age

**COP17 Funding**
- Target 240,119
  - $36,209,874

**Central Funding (FY17)**
- Target 341,538
  - $51,503,884
Updates to COP17 VMMC Central Initiative Funding Plan

- Reviewed expected achievement
- Revised COP17 + Central Initiative Target: 328,325
- Reduced Central Initiative Funding from $51,503,884 to: $28,803,585
  - Carry Over COP 2015: 61,452 ($8,748,306.72)
- COP 2016: 426, 330 ($60,692,339)
- Total: 487,782 ($69,440,646)
COP17 Budget
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

### COP16 vs COP17

<table>
<thead>
<tr>
<th>PEPFAR Budget Code</th>
<th>Budget Code Description</th>
<th>COP 2016</th>
<th>COP 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRC</td>
<td>Male Circumcision</td>
<td>$60,999,267</td>
<td>$87,328,816</td>
</tr>
<tr>
<td>HBHC</td>
<td>Adult Care and Support</td>
<td>$44,970,852</td>
<td>$47,903,572</td>
</tr>
<tr>
<td>HKID</td>
<td>Orphans and Vulnerable Children</td>
<td>$31,932,333</td>
<td>$37,304,551</td>
</tr>
<tr>
<td>HLAB</td>
<td>Lab</td>
<td>$4,025,552</td>
<td>$4,330,889</td>
</tr>
<tr>
<td>HTXS</td>
<td>Adult Treatment</td>
<td>$119,678,235</td>
<td>$149,301,358</td>
</tr>
<tr>
<td>HTXD</td>
<td>ARV Drugs</td>
<td>$0</td>
<td>$906,213</td>
</tr>
<tr>
<td>HVCT</td>
<td>Counseling and Testing</td>
<td>$35,113,478</td>
<td>$35,691,717</td>
</tr>
<tr>
<td>HVMS</td>
<td>Management &amp; Operations</td>
<td>$32,356,155</td>
<td>$32,594,196</td>
</tr>
<tr>
<td>HVOP</td>
<td>Other Sexual Prevention</td>
<td>$18,541,579</td>
<td>$29,835,205</td>
</tr>
<tr>
<td>HVSI</td>
<td>Strategic Information</td>
<td>$8,799,546</td>
<td>$10,178,556</td>
</tr>
<tr>
<td>HVTB</td>
<td>TB/HIV Care</td>
<td>$29,478,047</td>
<td>$34,493,642</td>
</tr>
<tr>
<td>IDUP</td>
<td>Injecting and Non-Injecting Drug Use</td>
<td>$68,588</td>
<td>$70,000</td>
</tr>
<tr>
<td>MTCT</td>
<td>Mother to Child Transmission</td>
<td>$18,262,365</td>
<td>$17,003,823</td>
</tr>
<tr>
<td>OHSS</td>
<td>Health Systems Strengthening</td>
<td>$17,790,070</td>
<td>$25,906,624</td>
</tr>
<tr>
<td>PDCS</td>
<td>Pediatric Care and Support</td>
<td>$8,983,274</td>
<td>$8,090,431</td>
</tr>
<tr>
<td>PDX</td>
<td>Pediatric Treatment</td>
<td>$8,178,161</td>
<td>$8,472,757</td>
</tr>
<tr>
<td>HMBL</td>
<td>Blood Safety</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>HMUN</td>
<td>Injection Safety</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>HVAB</td>
<td>Abstinence/Be Faithful</td>
<td>$4,050,551</td>
<td>$5,414,914</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$443,228,053</strong></td>
<td><strong>$534,827,265</strong></td>
</tr>
</tbody>
</table>
## COP17 Agency Allocations and Pipeline

<table>
<thead>
<tr>
<th></th>
<th>New FY 2017 Funding (all accounts)</th>
<th>Applied Pipeline</th>
<th>Total Planning Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS/CDC</td>
<td>$234,060,231</td>
<td>$8,828,626</td>
<td>$242,888,857</td>
</tr>
<tr>
<td>USAID</td>
<td>$264,094,431</td>
<td>$16,820,321</td>
<td>$280,914,752</td>
</tr>
<tr>
<td>DOD</td>
<td>$0</td>
<td>$399,737</td>
<td>$399,737</td>
</tr>
<tr>
<td>State</td>
<td>$3,832,362</td>
<td>$1,517,647</td>
<td>$5,350,009</td>
</tr>
<tr>
<td>PC</td>
<td>$200,000</td>
<td>$2,175,000</td>
<td>$2,375,000</td>
</tr>
<tr>
<td>HHS/HRSA</td>
<td>$2,898,910</td>
<td>$0</td>
<td>$2,898,910</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$505,085,934</strong></td>
<td><strong>$29,741,331</strong></td>
<td><strong>$534,827,265</strong></td>
</tr>
</tbody>
</table>

• COP17 Minimum Pipeline Requirement: $29,741,331
Earmark Allocations – all requirements exceeded

• New FY 2017 funds allocated to care and treatment: $233,203,952
  • COP17 requirement: $225,798,980

• New FY 2017 funds allocated to OVC: $37,213,069
  • COP17 requirement: $26,410,483

• New FY 2017 funds allocated to water: $1,590,000
  • COP17 requirement: $1,500,000

• New FY 2017 funds allocated to GBV: $4,752,522
  • COP17 requirement: $4,190,000
Thank you

Q&A