



# PEPFAR Tanzania Implementing Partner COP 2017 Out-brief

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May 18, 2017



# Reaching the Second 90

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Dr. Jema Bisimba



# Key Decisions: Reaching the Second 90

Tanzania's epidemics	Strategy/programmatic direction	Key decisions
Pediatrics	<ul style="list-style-type: none"> <li>Family centered care</li> </ul>	<p>Advancing to same day ART initiation</p> <p>Accelerating rates of linkage and retention (APR16 72% linkage and 70% retention to 85% for both rates)</p>
>30 adults	<ul style="list-style-type: none"> <li>Identifying, documenting and sharing best implementation practices for scale up</li> <li>Roll out of SDM for stable patients (multi month prescriptions &amp; bi-annual clinic visits)</li> <li>Demand creation for Test and Treatment</li> <li>Standardization and monitoring of SNU and IM-level retention cascade analyses by gender and age</li> <li>Expanding on web-based ECHO learning platform (Lab, TB , HIV), clinical capacity building targeting Scale up SNUs</li> </ul>	
15 – 30 y.o.	<ul style="list-style-type: none"> <li>Expanded weekend and evening hours</li> <li>Adolescent clubs</li> </ul>	
Key populations	<ul style="list-style-type: none"> <li>Expanded KP friendly services across clinical cascade</li> </ul>	





# Summary of COP17 Targets<sup>1</sup> by SNU Type<sup>2</sup>

## New on Treatment and Current on Treatment Submission

COP17 SNU priorities	TX_New: APR16 Achievement	TX_New: COP16 Target (APR17)	TX_New: COP17 Target (APR18)	TX_CURR: APR16 Achievement	TX_CURR: Expected Achievement by APR17	TX_CURR: COP17 Target (APR18)	Net New: COP17
<b>TOTAL<sup>3</sup></b>	<b>189,092</b>	<b>319,623</b>	<b>360,030</b>	<b>784,995</b>	<b>1,020,960</b>	<b>1,245,251</b>	<b>224,291</b>
<b>Saturation</b>	145,784	284,780	278,104	579,223	795,496	968,152	172,656
<b>Sustained</b>	32,678	22,920	52,083	154,427	161,197	192,469	31,272
<b>Attained</b>	7,103	4,953	13,455	34,806	41,486	49,722	8,079

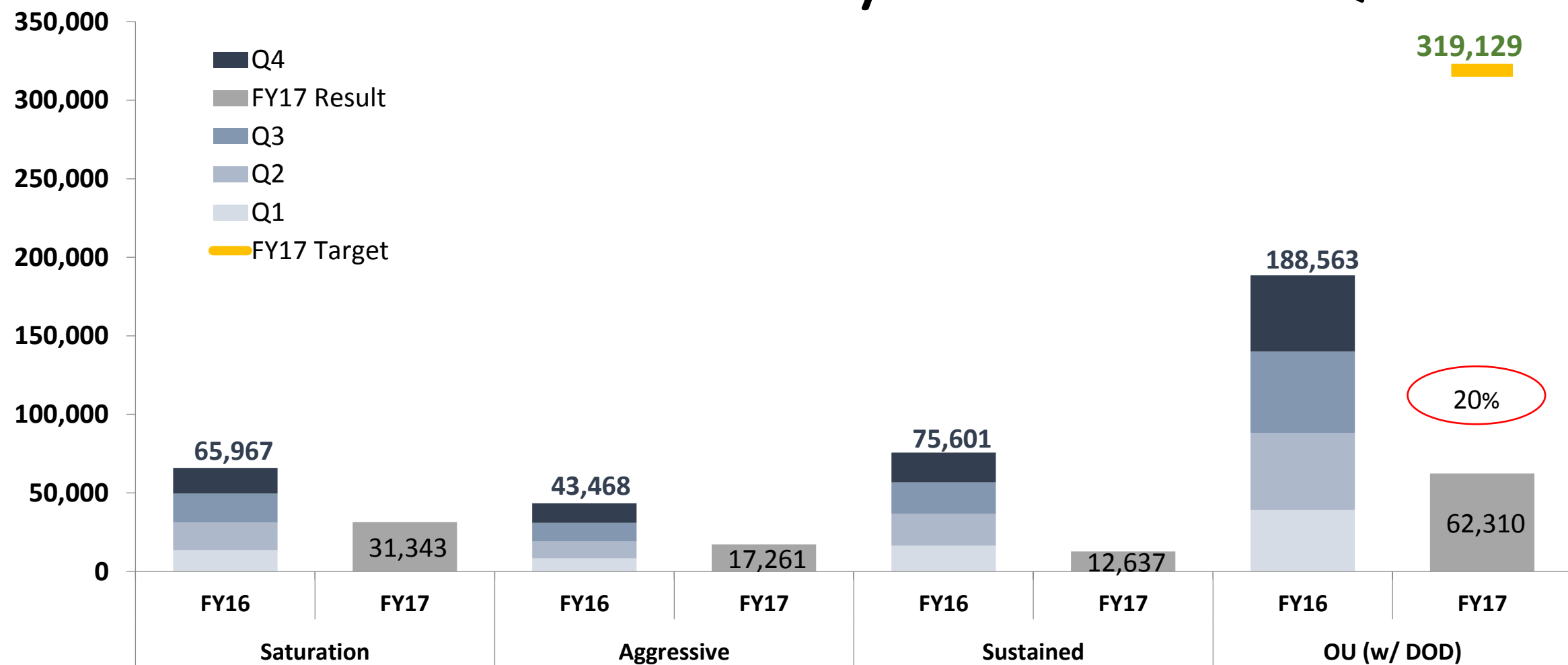
<sup>1</sup> From data pack as of 16 Feb 2017, 11h14

<sup>2</sup> Only SNU types are presented because TZ has 178 SNUs (81 of which are Saturation in FY18)

<sup>3</sup> Includes military, therefore greater than sub-total of SNU categories

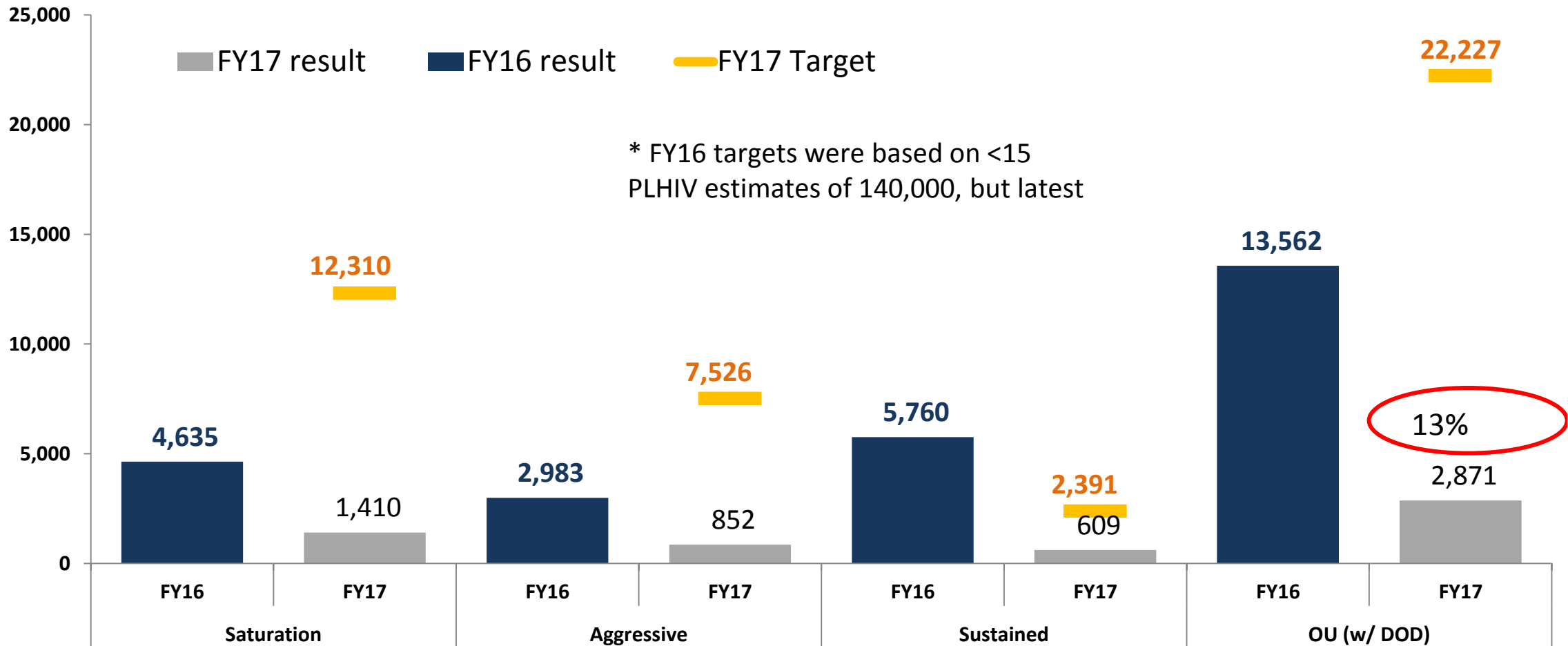


# 20% of TX\_NEW Target Achieved with Good Results in Priority SNUs – FY17 Q1





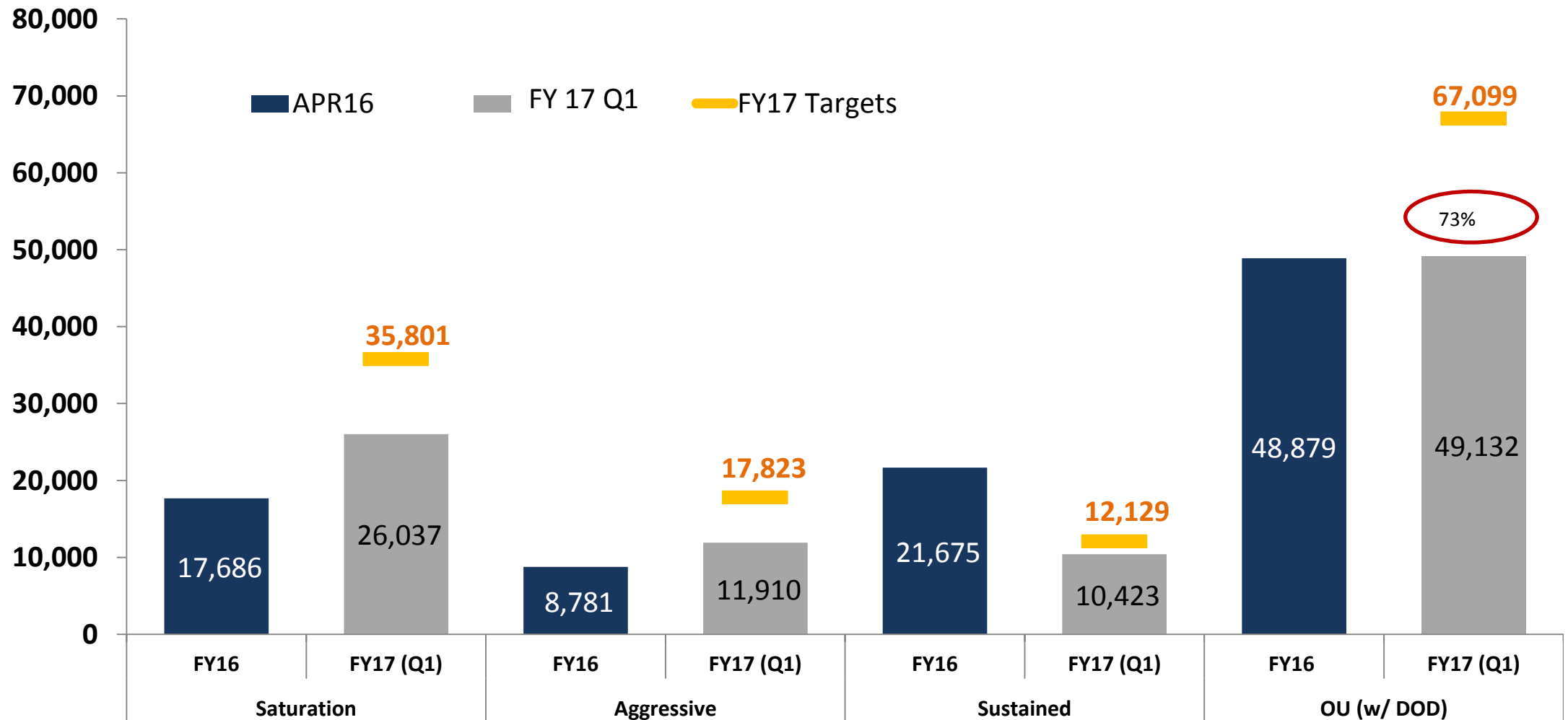
# 13% of TX\_NEW Target Achieved for Pediatrics FY17Q1



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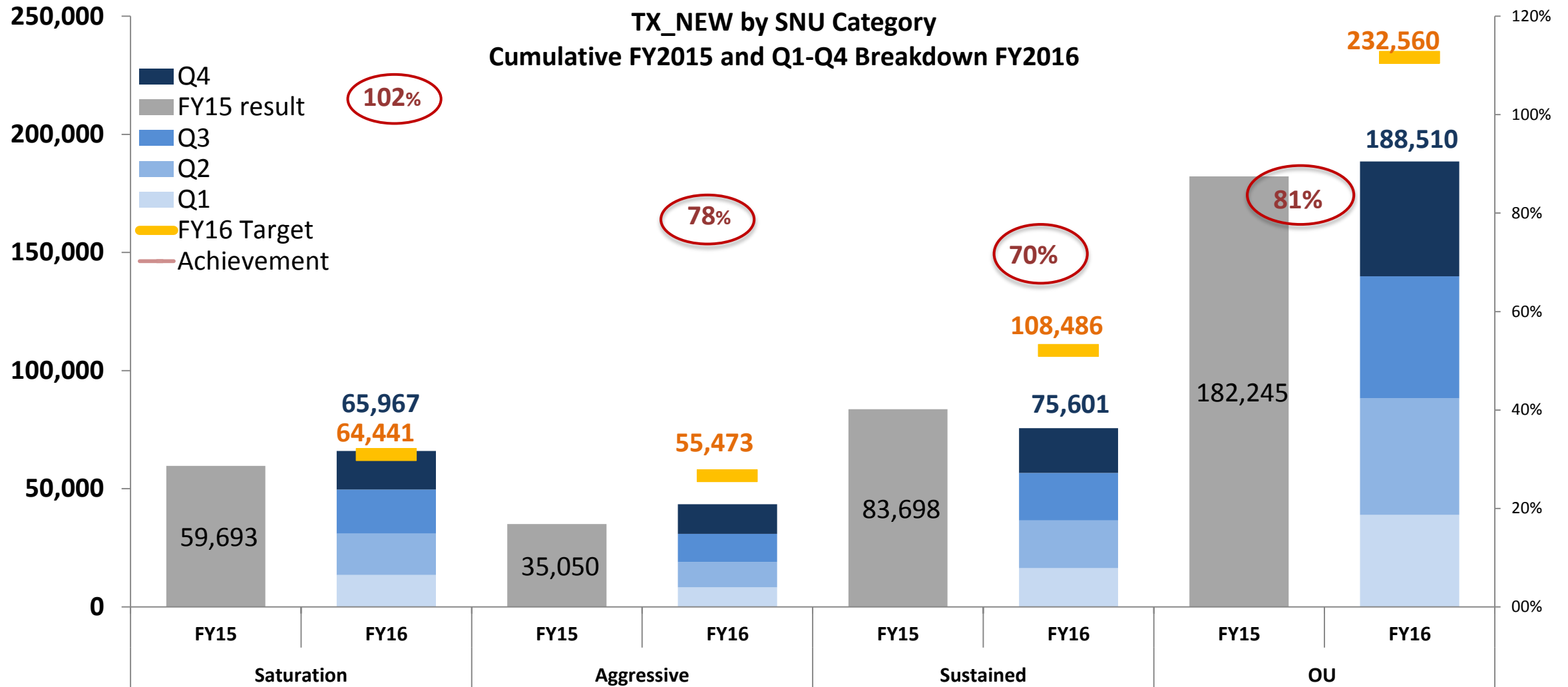
# High current on treatment performance <15 by SNU type Cumulative FY16 and FY17 Q1



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# 81% of TX NEW Target Achieved in Priority SNUs - FY2016

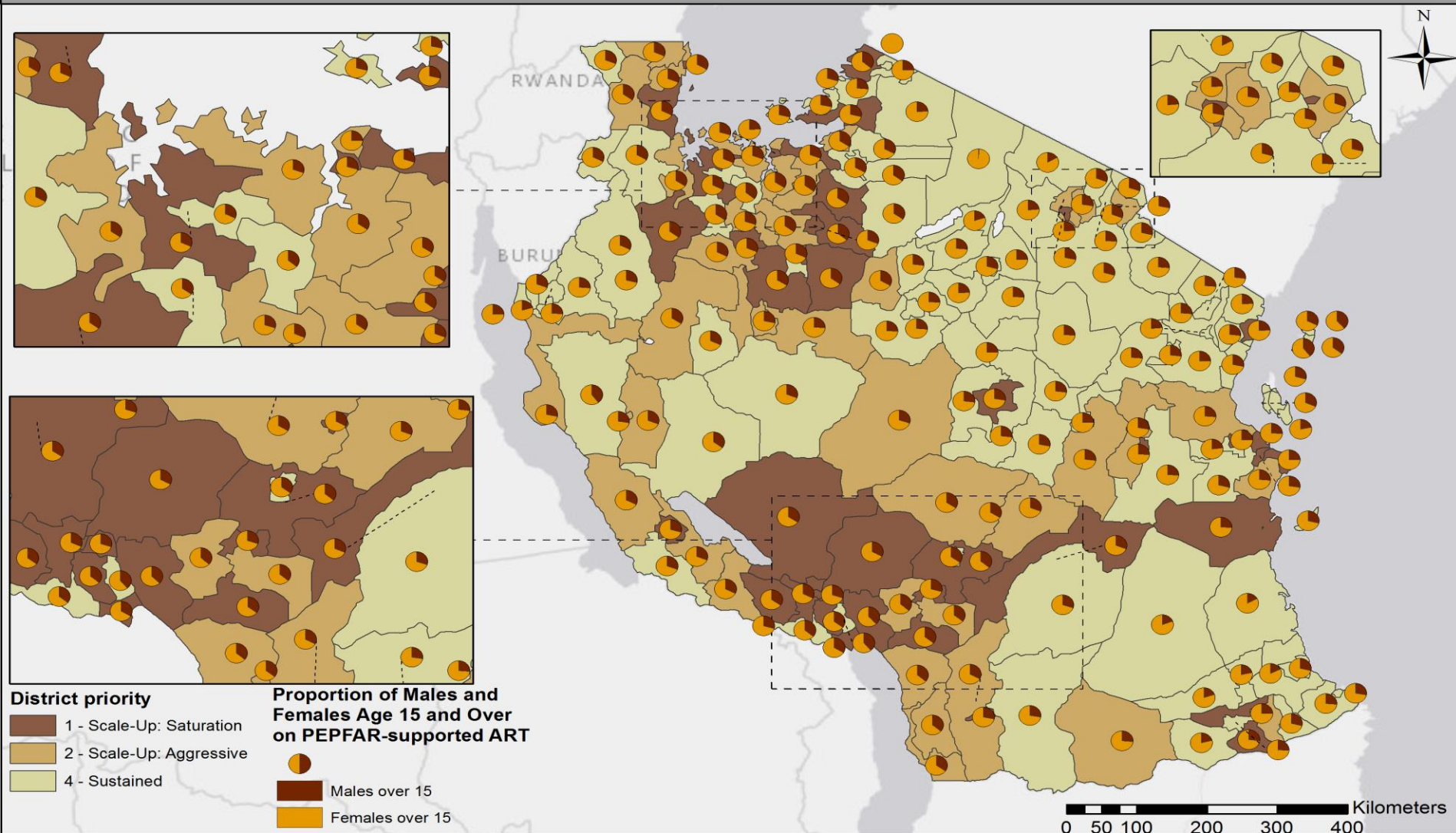


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# TANZANIA: Proportion of Males and Females Age 15 and Over on PEPFAR-supported ART (FY16) and District Prioritization (FY17)



Names and boundary representation are not necessarily authoritative.

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



# Two partners with performance <15% on newly initiated on ART (TX\_NEW) in FY17Q1

IM Name	TX_NEW FY 16 Target	FY16 Total Result	% FY16 target achieved	% Contribution to the total OU target	TX_New FY17 Target	FY17( Q1) Total Result	% FY17 target achieved	% Contribution to total OU target
<b>TOTAL</b>	<b>232,560</b>	<b>185,205</b>	<b>80%</b>	<b>100%</b>	<b>319,623</b>	<b>65,181</b>	<b>20%</b>	<b>100%</b>
Boresha Afya S	34,908	27,397	78%	15%	32,548	9,481	29%	10%
AGPAHI	14,363	15,763	110%	6%	62,291	17,186	28%	19%
Boresha Afya N	37,490	15,392	41%	16%	29,355	7,592	26%	9%
HJFMRI	33,125	36,524	110%	14%	54,107	11,750	22%	17%
AIDS-Free Generation	4,164	2,797	67%	2%	5,854	1,124	19%	2%
THPS	20,959	10,274	49%	9%	18,885	3,435	18%	6%
PAI-DOD	4,160	3,527	85%	2%	6,970	1,069	15%	2%
MDH Kagera	35,198	34,651	98%	15%	108,859	13,481	12%	34%
BIPAI-PPP	738	387	52%	0%	754	63	8%	0%
ZACP	2,084	473	23%	1%	<b>Ended Mechanisms</b>			
CSSC	19,620	22,771	116%	8%				
PASADA	5,426	5,148	95%	2%				
Selian Lutheran Hospital Follow-on	791	571	72%	0%				
CRS Follow on	19,534	9,530	49%	8%				

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# High Partner Performance on Current on ART (TX\_CURR) FY 17 Q1

IM Name	TX_CURR FY16 Target	FY16 Total Result	% FY16 target achieved	% Contribution to total OU target	TX_CURR FY17 Target	FY17( Q1) Total Result	% FY17 target achieved	% Contribution to total OU target
<b>Totals</b>	<b>847,104</b>	<b>777,195</b>	<b>93%</b>	<b>100%</b>	<b>1,040,081</b>	<b>805,055</b>	<b>77%</b>	<b>100%</b>
Tunajali II	140,135	129,775	93%	17%	156,051	137,207	88%	15%
EGPAF Follow on	93,886	78,007	83%	11%	129,212	106,528	82%	12%
AIDS-Free Generation	17,950	7,882	44%	2%	10,974	9,028	82%	1%
AGPAHI	55,740	54,381	98%	7%	229,242	187,014	82%	22%
HJFMRI	136,895	145,079	106%	16%	187,774	152,045	81%	18%
PAI-DOD	17,923	16,539	92%	2%	23,815	17,499	73%	2%
Local FOA Follow-on	55,446	47,427	86%	7%	51,965	36,978	71%	5%
MDH Kagera	147,905	135,740	92%	17%	245,337	156,247	64%	24%
BIPAI-PPP	3,633	2,715	75%	0%	5,711	2,509	44%	1%
CRS Follow on	60,171	54,115	90%	7%	Ended Mechanisms			
ZACP	4,726	-	0%	1%				
PASADA	25,581	22,206	87%	3%				
Selian Lutheran Hospital Follow-on	4,241	3,286	78%	1%				
CSSC	82,872	80,043	97%	10%				

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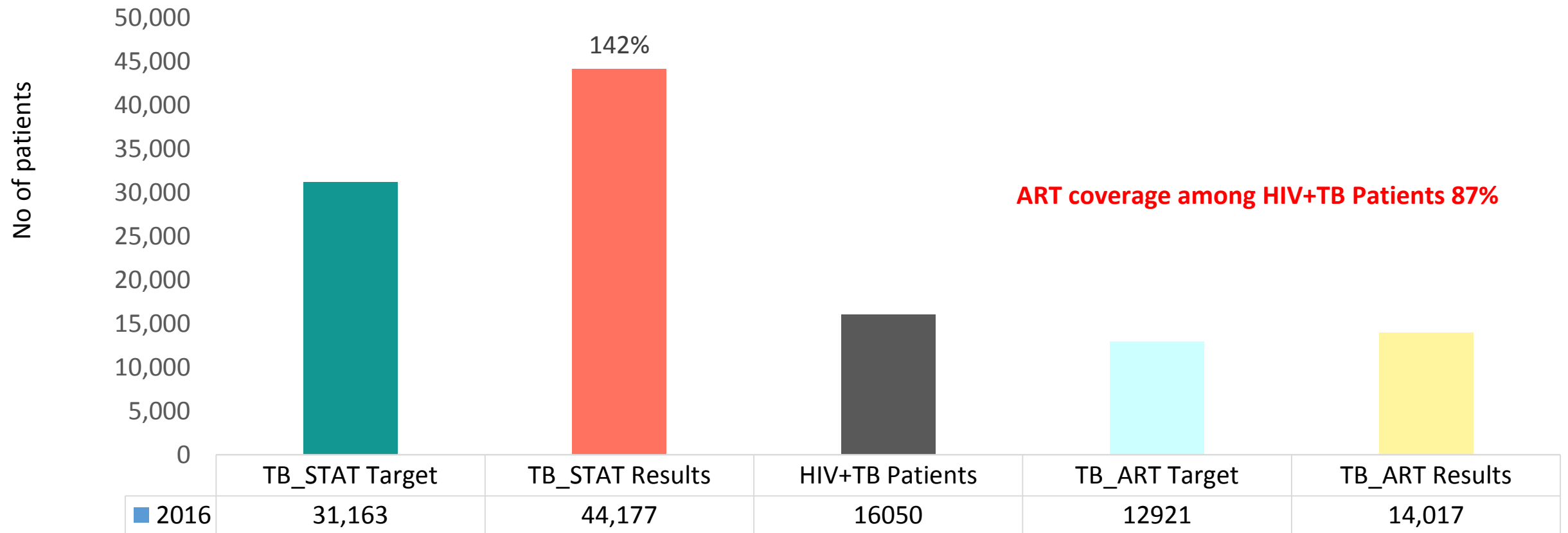
# AGPAHI: Facility Index Client Testing Results in Higher Yield than Routine PITC

Index Client Testing			
# Children of Index Clients	# Children of Index Clients Tested for HIV	# Children with HIV+ Result	Positivity Rate
4955	4514	113	3%
Testing of Children During Routine Clinic Days			
	# Children Tested for HIV	# Children with HIV+ Result	Positivity Rate
	48,337	714	1%



# TB Cascade FY16 Results and Targets

TB\_HIV cascade



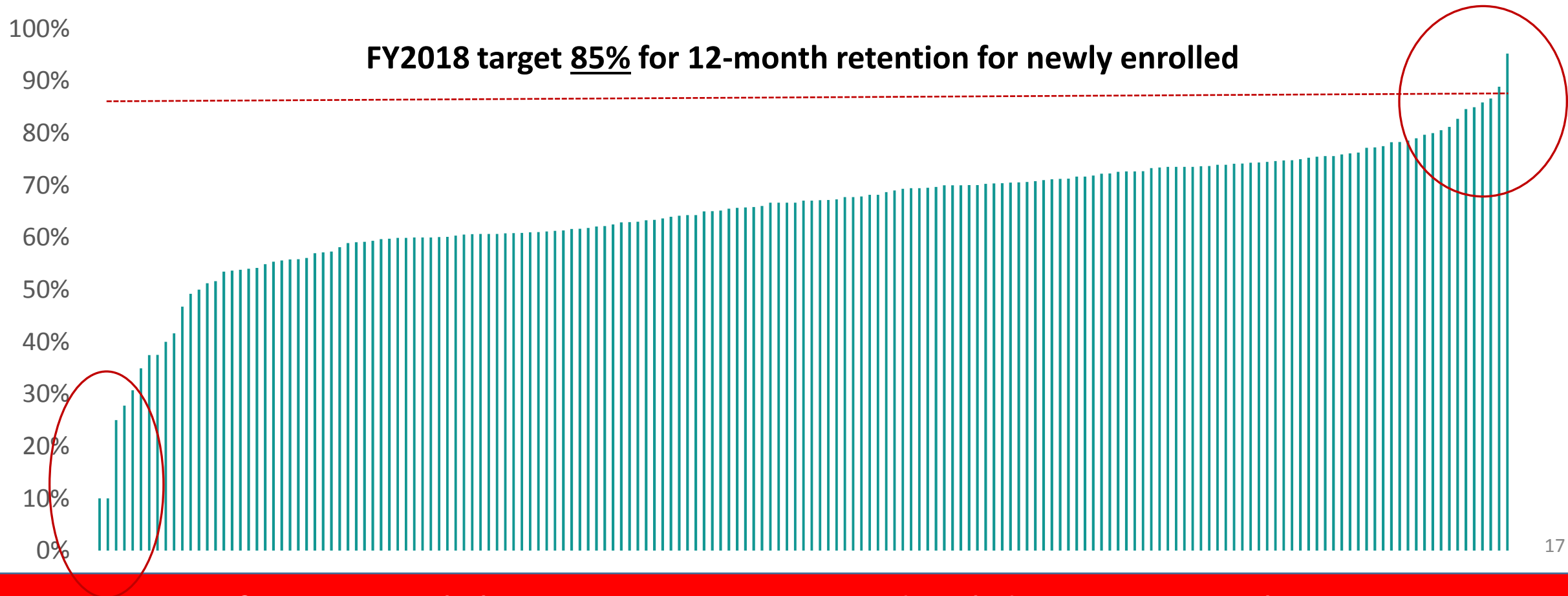
Source: APR 2016





# 12-Month Retention for Newly Enrolled: Variable FY2016 Performance

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





# 12-Month Retention for Newly Enrolled: 10 Highest and Lowest Performing Councils

## Highest % 12-Month Retention Councils by APR16

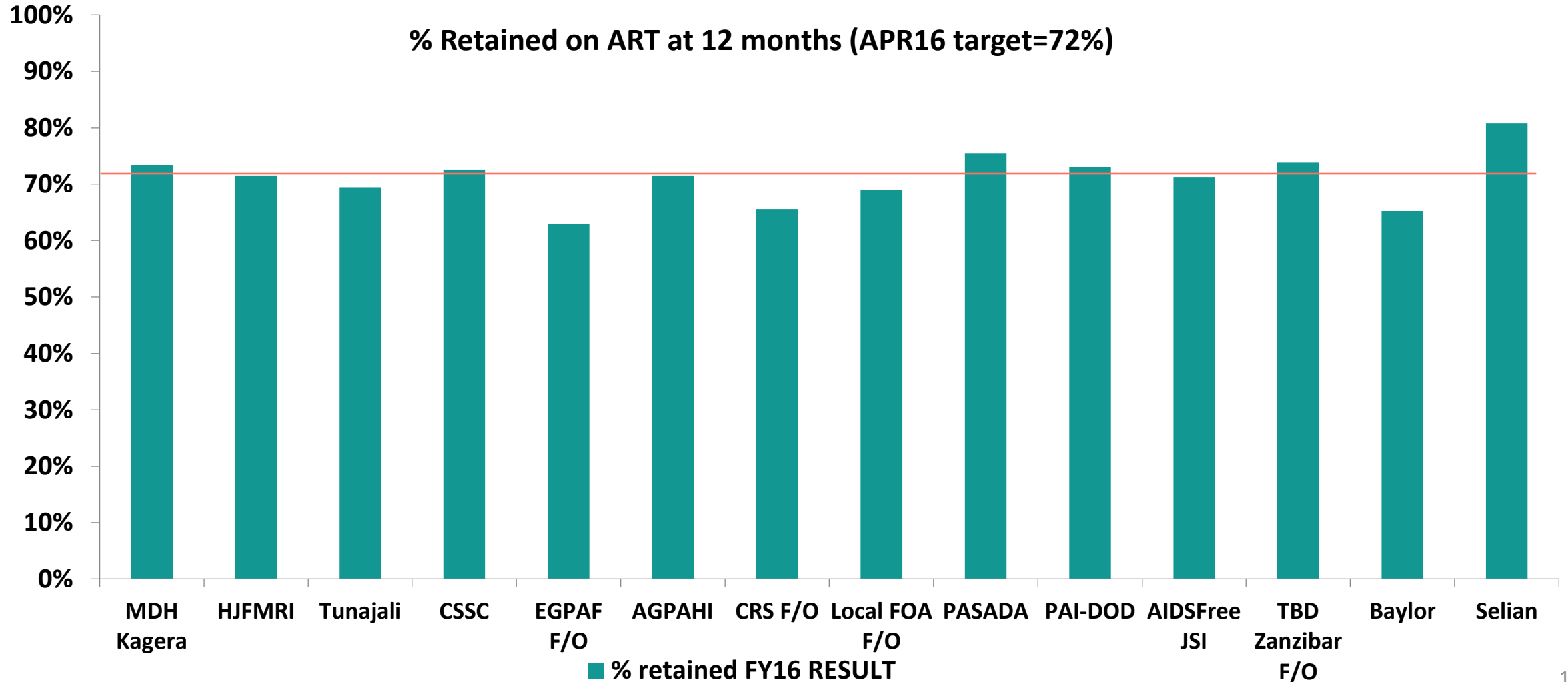
Council	COP16 Prioritization	COP17 Prioritization	APR15 TX_RET_N	APR15 TX_RET_D	APR15 Retention Rate (%)	APR16 TX_RET_N	APR16 TX_RET_D	APR16 Retention Rate (%)
Wete	Sustained	Attained	13	16	81%	20	21	95%
Mkoani	Sustained	Sustained	9	12	75%	8	9	89%
Meru DC	Scale-up Aggressive	Scale-up Saturation	353	449	79%	447	516	87%
Kakonko DC	Sustained	Sustained	47	63	75%	101	117	86%
Sumbawanga DC	Scale-up Aggressive	Scale-up Saturation	927	1,032	90%	729	849	86%
Shinyanga DC	Scale-up Aggressive	Scale-up Saturation	985	1,606	61%	1,565	1,842	85%
Micheweni	Sustained	Sustained	4	9	44%	11	13	85%
Arusha DC	Scale-up Aggressive	Scale-up Saturation	838	1,282	65%	91	111	82%
Makete DC	Scale-up Saturation	Scale-up Saturation	788	1,113	71%	924	1,138	81%
Mlele DC	Sustained	Attained	636	834	76%	832	1,030	81%

## Lowest % 12-Month Retention Councils by APR16

Council	COP16 Prioritization	COP17 Prioritization	APR15 TX_RET_N	APR15 TX_RET_D	APR15 Retention Rate (%)	APR16 TX_RET_N	APR16 TX_RET_D	APR16 Retention Rate (%)
Tunduma TC	Scale-up Aggressive	Scale-up Saturation	68	69	99%	82	219	37%
Nzega DC	Scale-up Saturation	Scale-up Saturation	1,708	2,296	74%	1,523	3,658	42%
Pangani DC	Sustained	Sustained	213	288	74%	227	492	46%
Simanjiro DC	Sustained	Sustained	79	135	59%	68	136	50%
Musoma DC	Sustained	Attained	335	524	64%	187	365	51%
Mpanda DC	Sustained	Sustained	472	762	62%	357	688	52%
Kaskazini A	Sustained	Attained	30	41	73%	22	41	54%
Kongwa DC	Sustained	Sustained	306	495	62%	235	435	54%
Kiteto DC	Sustained	Sustained	212	411	52%	169	308	<sup>18</sup> 55%
Tunduru DC	Scale-up Aggressive	Scale-up Saturation	554	777	71%	316	566	56%



# Partner Retention Performance, FY16





# Reaching the Third 90: Retention and Viral Suppression

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Michael Mwasekaga



# Key Decisions: Reaching the Third 90

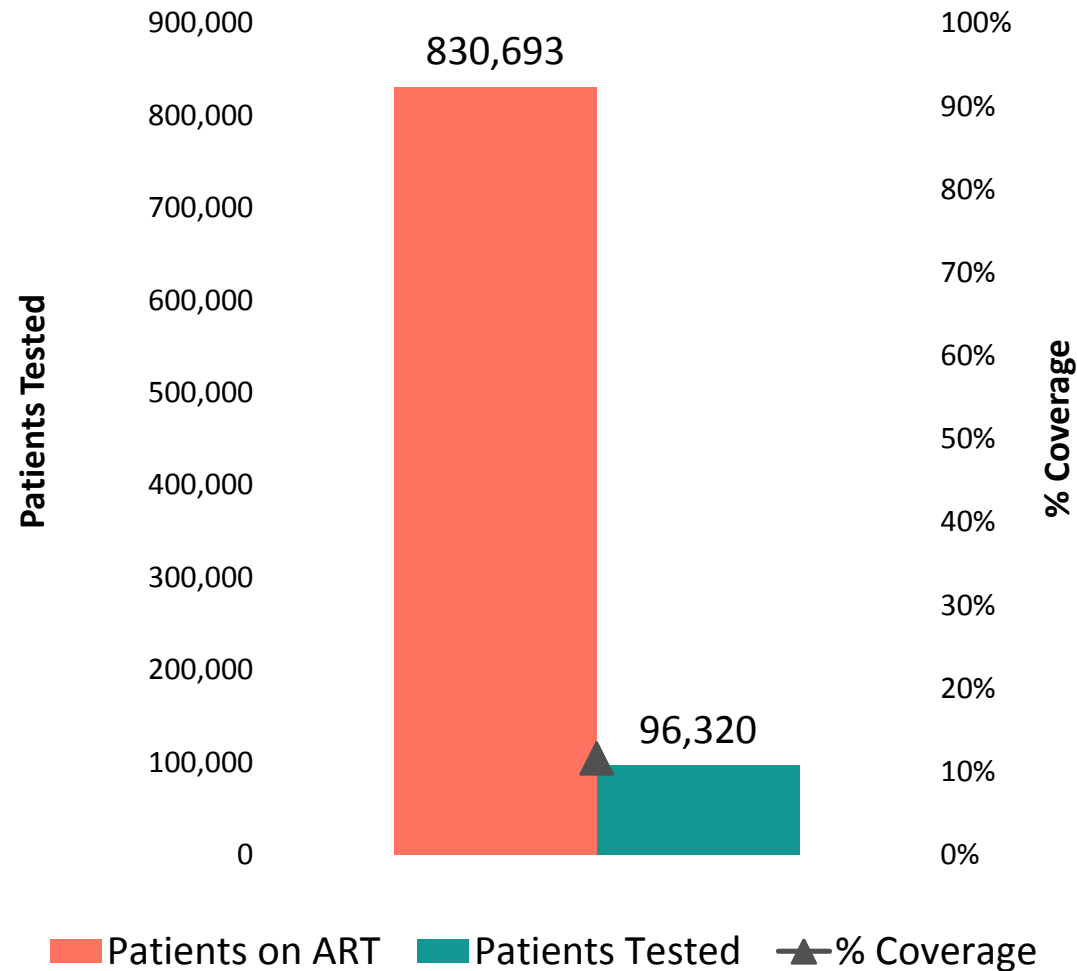
Tanzania's epidemics	Strategy/programmatic direction	Key decisions
Pediatrics	<ul style="list-style-type: none"> <li>Scale up hub and spoke specimen delivery system</li> <li>Use VL to track outcomes in HIV+ PW, BF and infants</li> </ul>	<ul style="list-style-type: none"> <li>Scale-up interventions to improve lab-clinical interface and catalyze scale-up at SNU and facility levels               <ul style="list-style-type: none"> <li>Examples: High VL Logbook, Facility-based VL Point of Contact, Lab ECHO)</li> </ul> </li> <li>Enhanced tools to promote accuracy, reliability and timeliness of VL testing and return of results to patients (e.g. VL facility scorecard, web-based dashboard)</li> </ul>
>30 adults  15 – 30 y.o.	<ul style="list-style-type: none"> <li>Strengthened clinical management and monitoring</li> <li>Enhanced medication adherence counselling and VL monitoring</li> <li>Expanding client treatment literacy</li> </ul>	
Key populations	Including VL targets for first time	



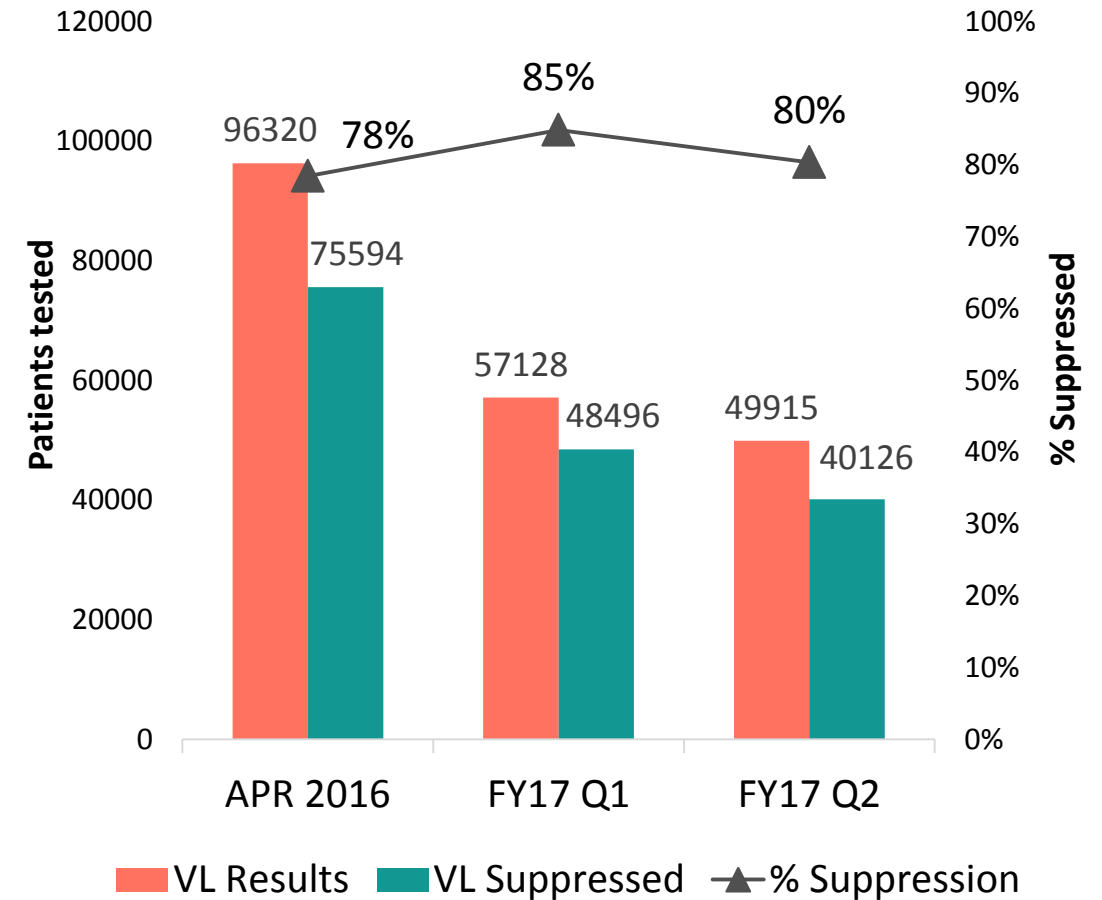


# Tanzania: Overall performance in Third 90: APR 2016, FY17 Q1 and Q2

## Viral Load Testing Coverage (APR 2016)



## Viral Load Testing (APR16, FY17Q1, & FY17Q2)



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# Three Month VL Action Plan (April – July 2017)

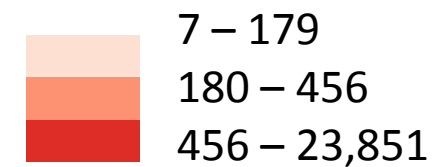
- Increase laboratory VL testing capacity:
  - Complete the installation of Abbott m2000 platform
  - Introduce 3 testing shifts (24 hours) in all VL testing laboratories
    - Clear all EID/VL samples backlog by May 6, 2017
- Adapt and implement VL SOPs and tools for Lab, Hubs, and CTCs.
- Strengthen existing hubs and plan for phased hub scale up
- Establish functional specimen tracking system, including use of barcode.
- Conduct VL/EID 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



# VL Testing and Suppression Targets, FY18

	<b>FY16 Performance</b>	<b>COP16/FY17 Target</b>	<b>COP17/FY18 Target</b>
No. VL Test Performed	96,320	704,886	861,533
% VL Suppressed	78%	90%	90%

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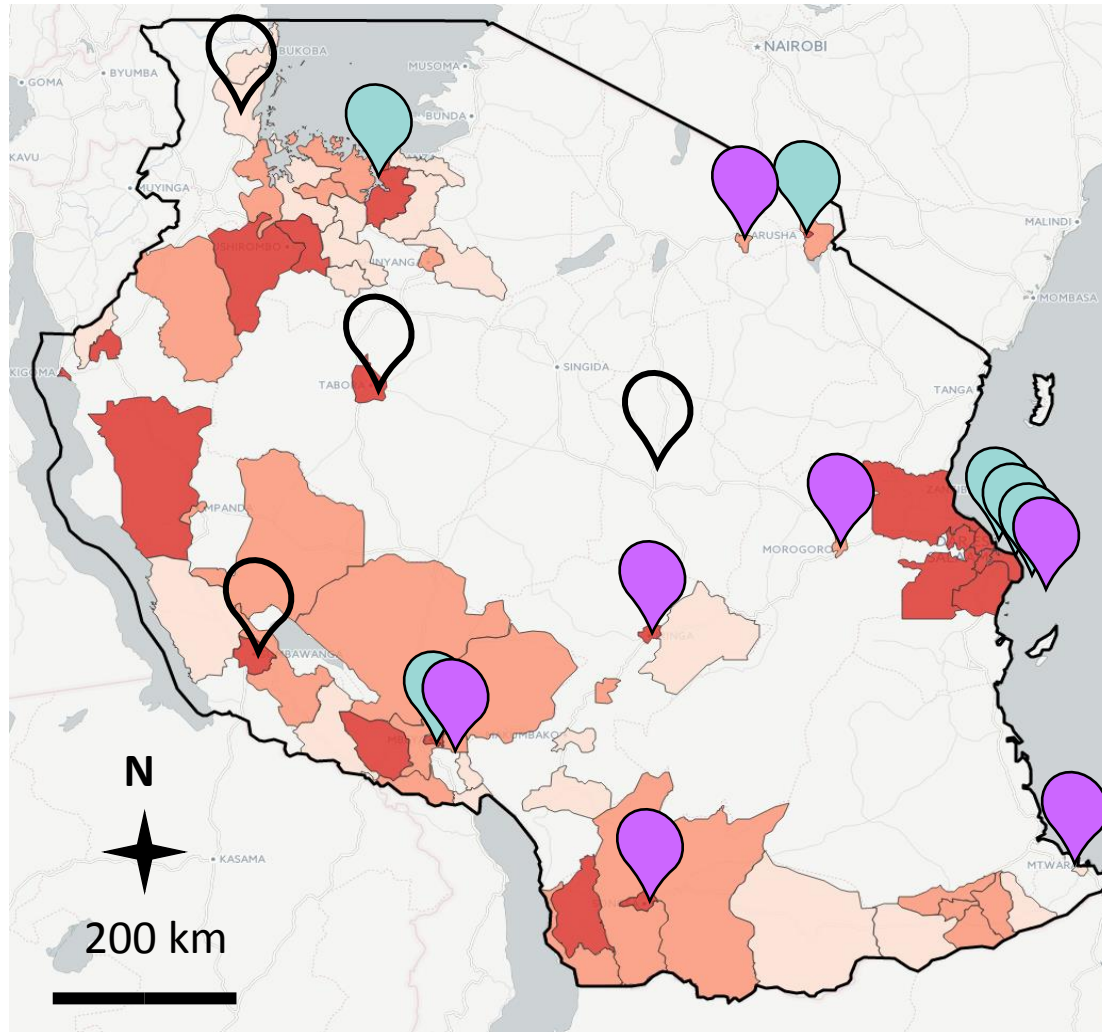


### Existing Testing Site (FY2016)

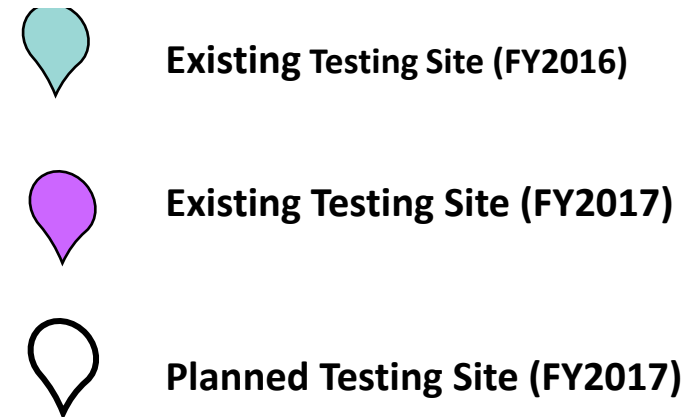
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# New labs opening improve geographic coverage



**Viral Load Tests Completed**  
(TX\_UNDETECT APR 2016)



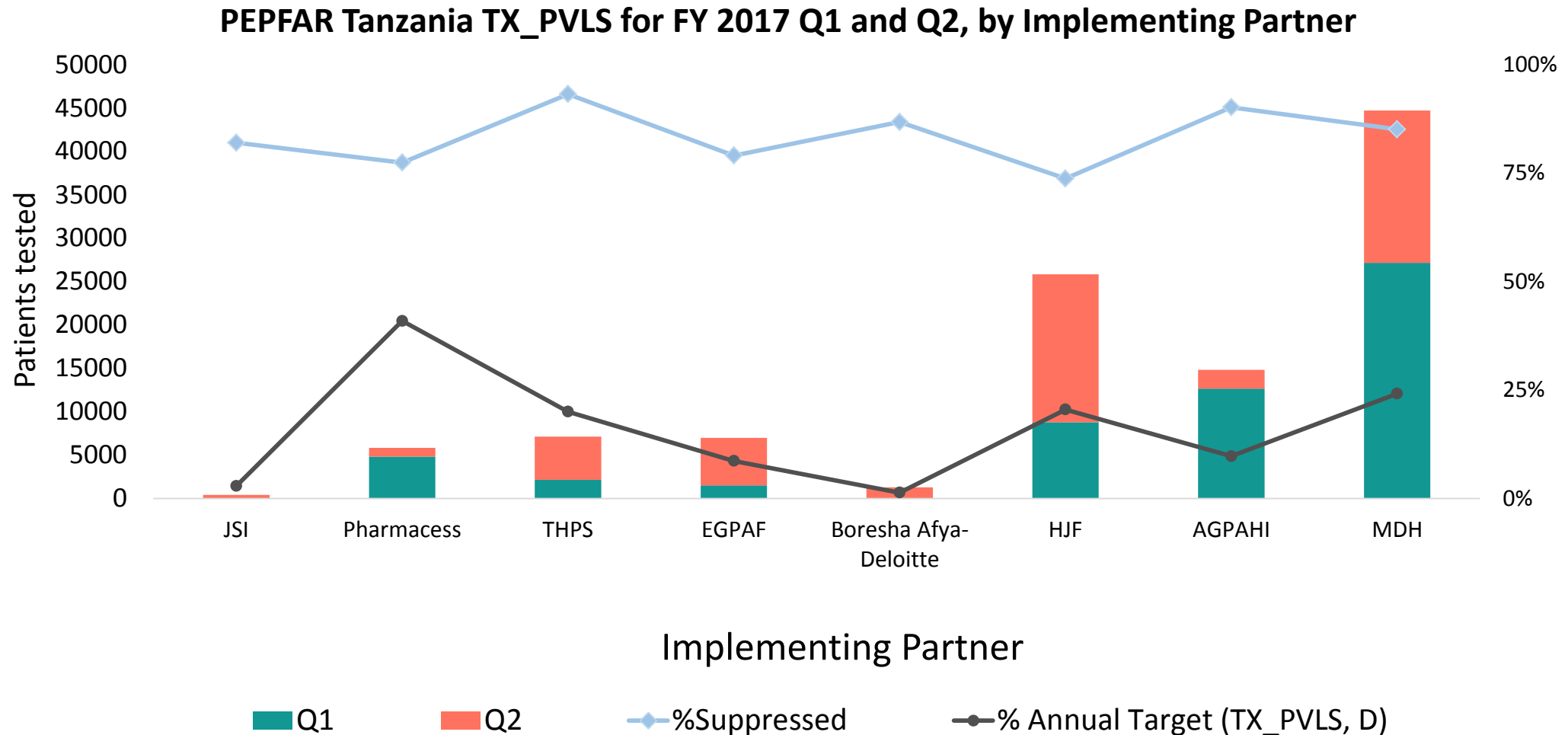
Source: DATIM

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# Partners in rural areas are starting to catch up



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# Reaching the First 90

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Erick Mlangi

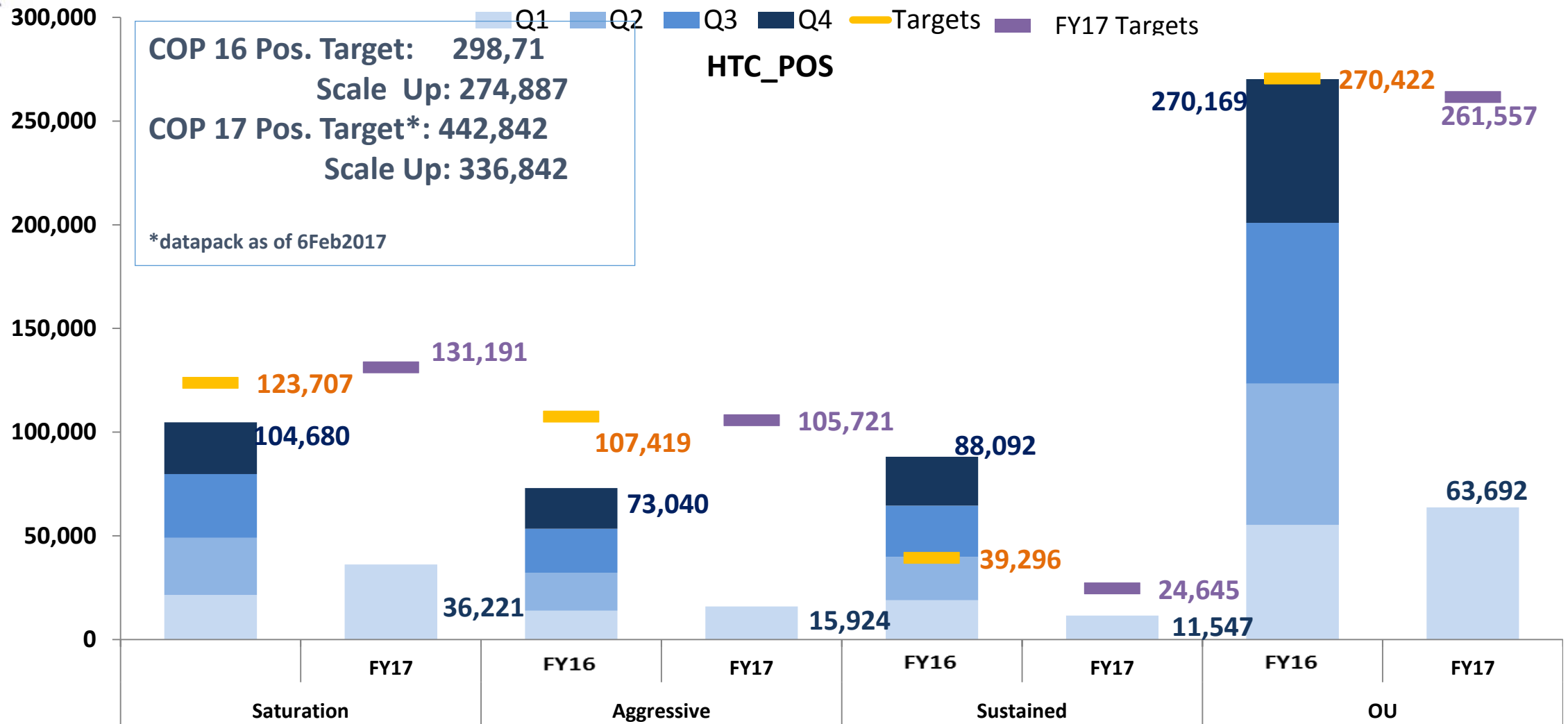


# Key Decisions: Reaching the First 90

Tanzania's epidemics	Strategy/programmatic direction	Key decisions
Pediatrics	<ul style="list-style-type: none"> <li>Index client, OVC and sibling testing</li> <li>Pediatric testing in public &amp; private facilities</li> <li>Optimize targeted PITC to increase yield</li> </ul>	<ul style="list-style-type: none"> <li>Mitigate over-testing (improve targeting, reducing retesting of negatives)</li> <li>Continue to accelerate testing in private facilities, particularly in urban areas</li> <li>Expand the allocation of community-based testing to overall testing and positivity targets</li> <li>Exclusively employ high yield testing strategies</li> <li>Increase target positivity rate to 6.2% (excluding ANC &amp; VMMC)</li> <li>Leverage targeted HIV self testing (HIVST)</li> <li>Accelerate reach to underserved populations, KVP, men and adolescents</li> <li>Focus on &gt;30 yrs and KVPs</li> </ul>
>30 adults	<ul style="list-style-type: none"> <li>Partner notification plus and peer network testing</li> <li>Optimizing targeted PITC at OPD/IPD including TB suspects, and STI clients</li> </ul>	
	<ul style="list-style-type: none"> <li>Expanded weekend and evening hours</li> <li>Index partner tracing</li> <li>Promotion of male partner testing within antenatal clinics</li> <li>HIV Self-testing demonstration projects (partners, men, KVPs and other at risk target pops)</li> <li>Adapt and Pilot Project Search model for 1-2 DREAMS districts targeting at risk men</li> </ul>	
Key Vulnerable populations	<ul style="list-style-type: none"> <li>Testing children of KVPs</li> <li>Build on lessons learned for improving yield</li> </ul>	



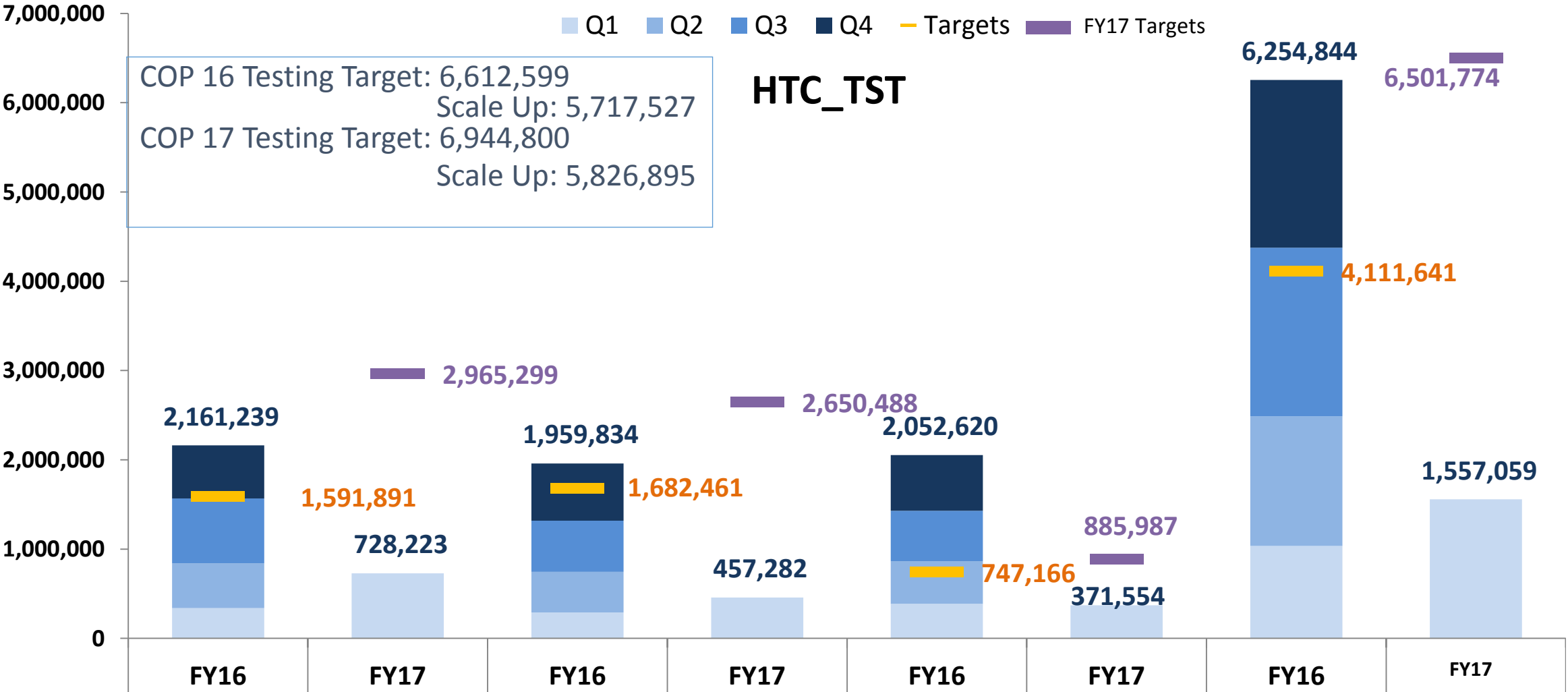
# Tanzania FY 16 and FY 17 Q1 Performance: Tanzania Positives Identified by SNU Category and OU Level



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# Tanzania FY16 and FY17 Q1 Performance : Tanzania Achieved Testing Targets for SNU Categories- HTC\_TST by SNU Category and Target



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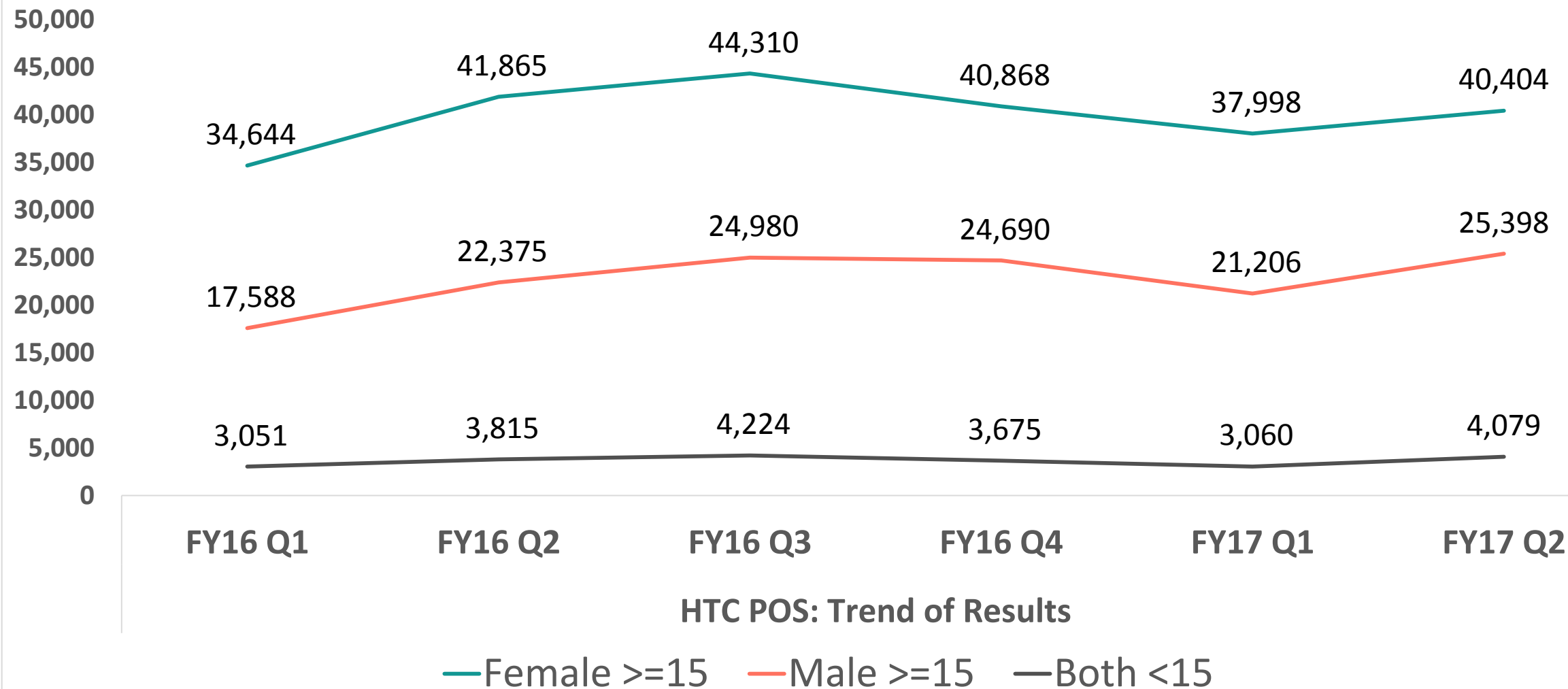
# Q1 FY 2017 Performance: HTS\_TST and HTS\_POS by SNU Category

Indicator	HTC_TST			HTC_POS		
Planning Prioritization	FY17 Q1 Results	FY17 Target	%	FY17 Q1 Results	FY17 Target	%
Scale-Up: Saturation	728,223	2,965,299	25%	36,221	131,191	28%
Scale-Up: Aggressive	457,282	2,650,488	17%	15,924	105,721	15%
Sustained	371,554	885,987	42%	11,547	24,645	47%
Total	1,557,059	6,501,774	24%	63,692	261,557	24%

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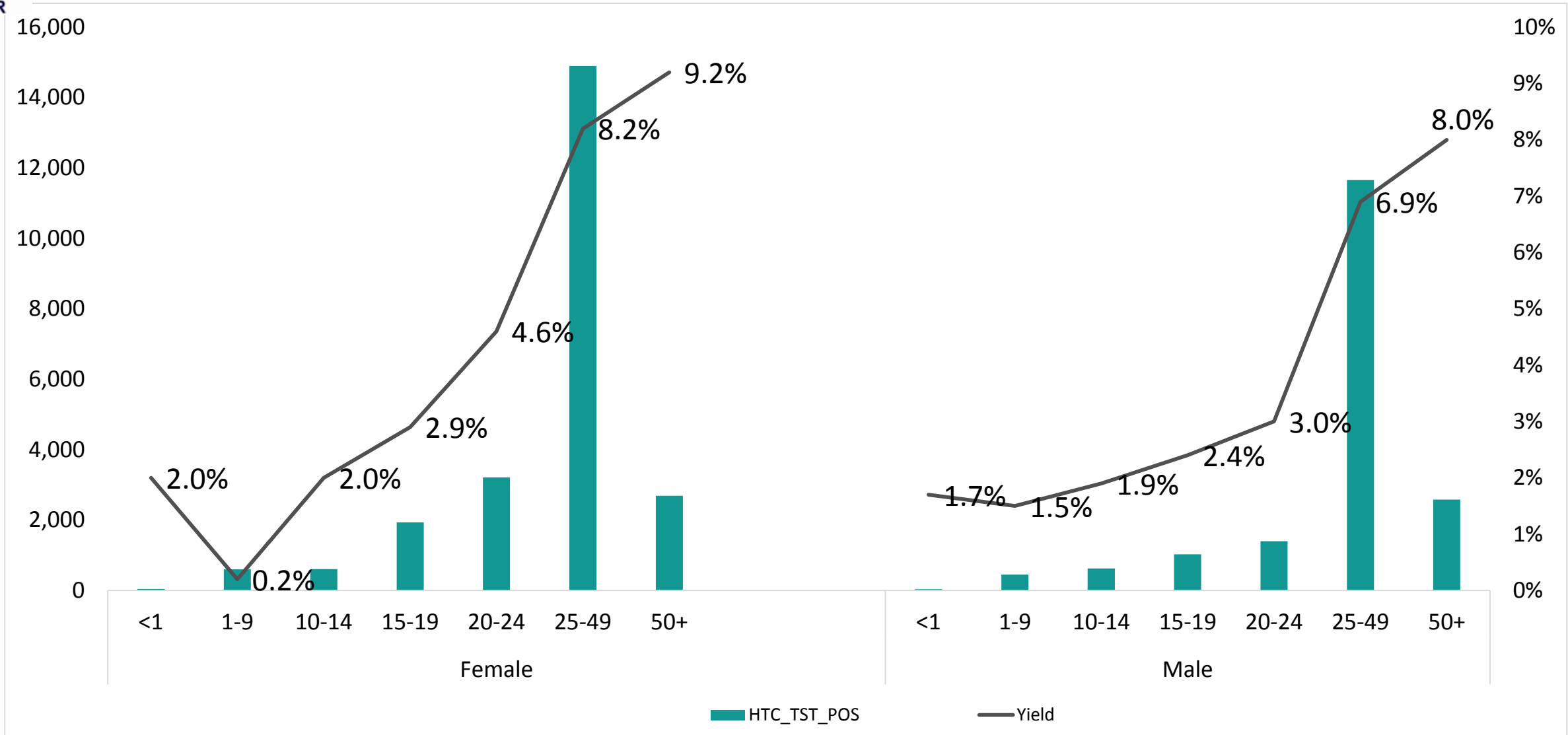
# Tanzania FY 2016 and Q1 FY 2017 Performance: Quarterly Trend HTS\_POS



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# Q1 FY 2017 HTS\_POS and Yield by Age Group



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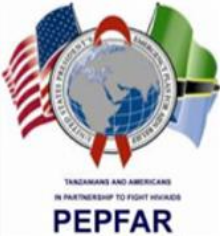


# HIV Prevalence by Age & Sex, THMIS 2011-2012

**Table 9.3 HIV prevalence by age**

Among the de facto women age 15-49 and men age 15-49 who were interviewed and tested, the percentage HIV positive, by age, Tanzania 2011-12

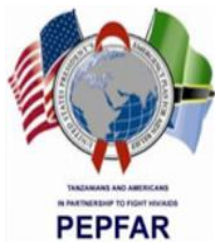
Age	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
15-19	1.3	2,153	0.8	1,944	1.0	4,097
20-24	4.4	1,699	1.7	1,449	3.2	3,148
25-29	7.0	1,691	2.5	1,053	5.3	2,744
30-34	9.2	1,320	6.5	1,013	8.0	2,333
35-39	8.0	1,269	7.1	1,007	7.6	2,276
40-44	9.3	901	7.1	892	8.2	1,793
45-49	10.2	722	6.5	631	8.5	1,353
Total 15-49	6.2	9,756	3.8	7,989	5.1	17,745



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

	Service entry point	Testing modality used*					
			FY16 Yield	FY17 Target Yield	FY18 Target Yield	FY18 Positive Distri-bution	FY18 Test Distri-bution
PITC	Care & Treatment Clinic (Index)	Partner notification plus (PN+)	41%	15.0%	11%	14%	6%
	In-Patient Dept	PITC	6%	16%	4%	5%	7%
	TB service point	PN+	32%	35%	37%	5%	1%
	Other PITC (OPD, STI)	TB suspects, STI, & PN+ using screening tool	5%	8%	6%	59%	50%
	ANC (excl. known pos)	PITC	3%	3%	3%	10%	20%
CBTC	Home-based (Index)	PN+	7%	13%	4%	11%	16%
	Mobile outreach	IPNT	3%	7%	3%	8%	19%





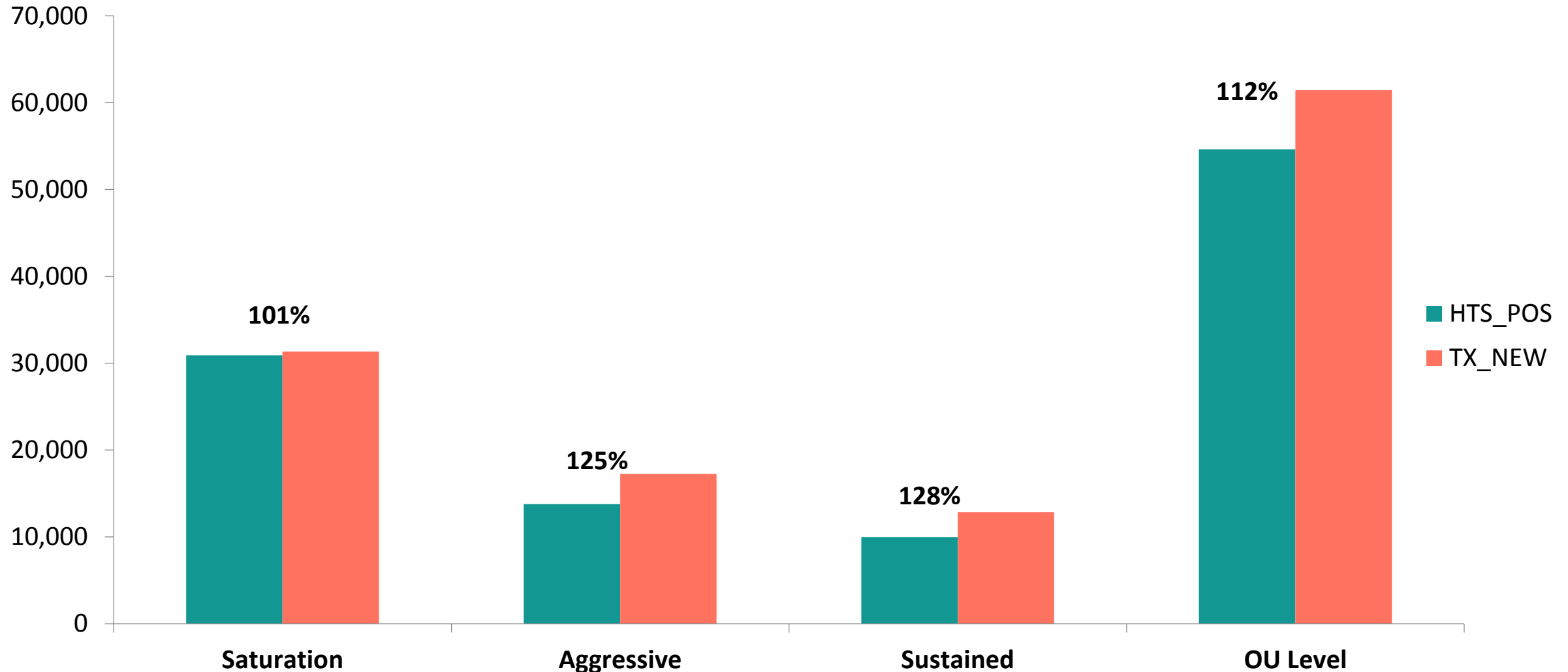
# Distribution of Tests & Positives, and Yield: Community vs Facility

	Total Test		Total Positive		Yield	
	Comm.	Fac.	Comm.	Fac.	Comm.	Fac.
FY 2016 (R)	25%	75%	23%	77%	3.7%	5.2%
COP16/ FY 2017 (T)	19%	81%	27%	73%	8.9%	4%
COP17/ FY 2018 (T)	28%	72%	18%	82%	4%	7%

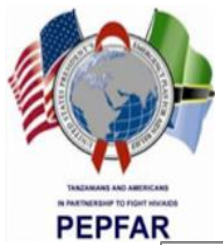
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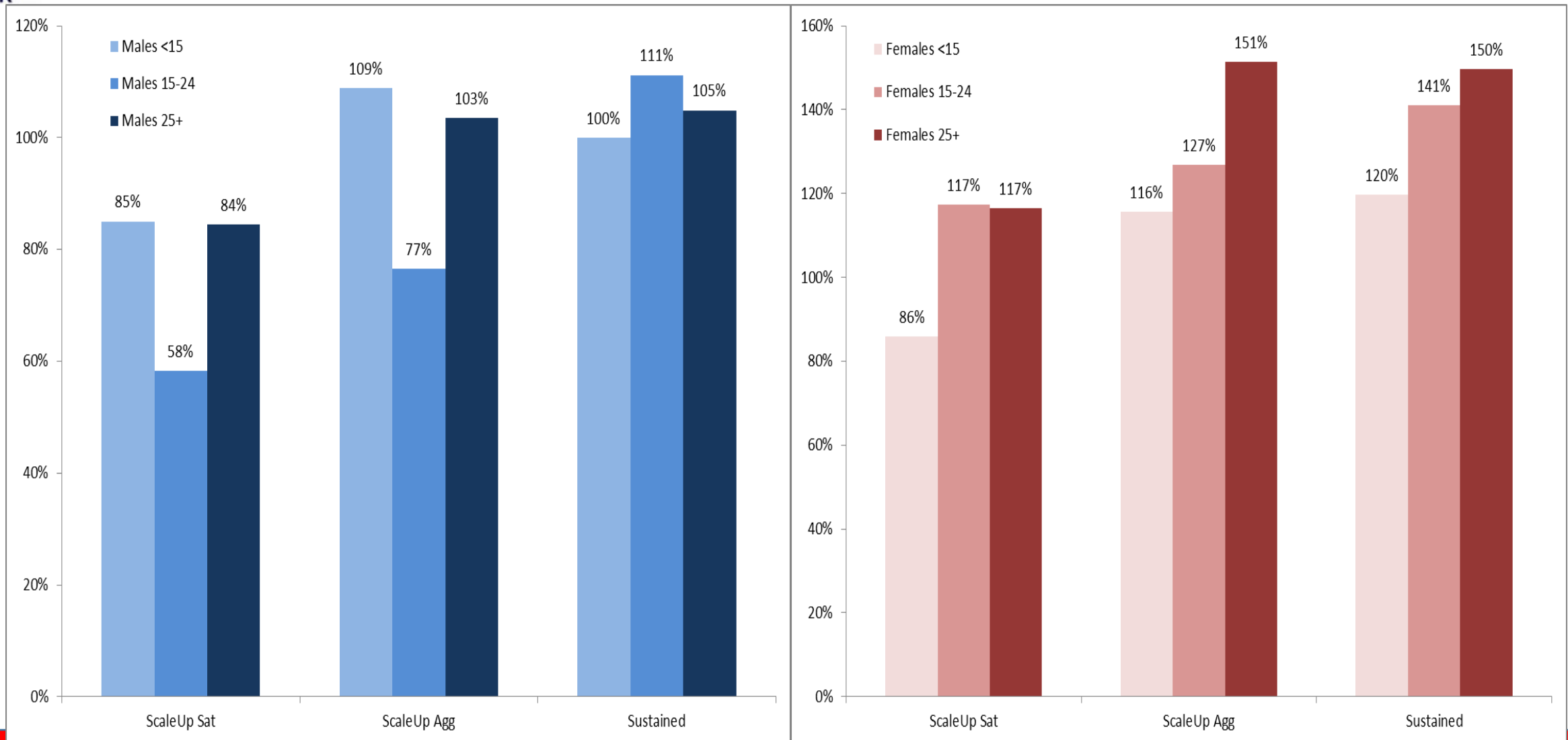
# FY 2017 Q1 Performance: Tanzania Crude Linkage by SNU Category



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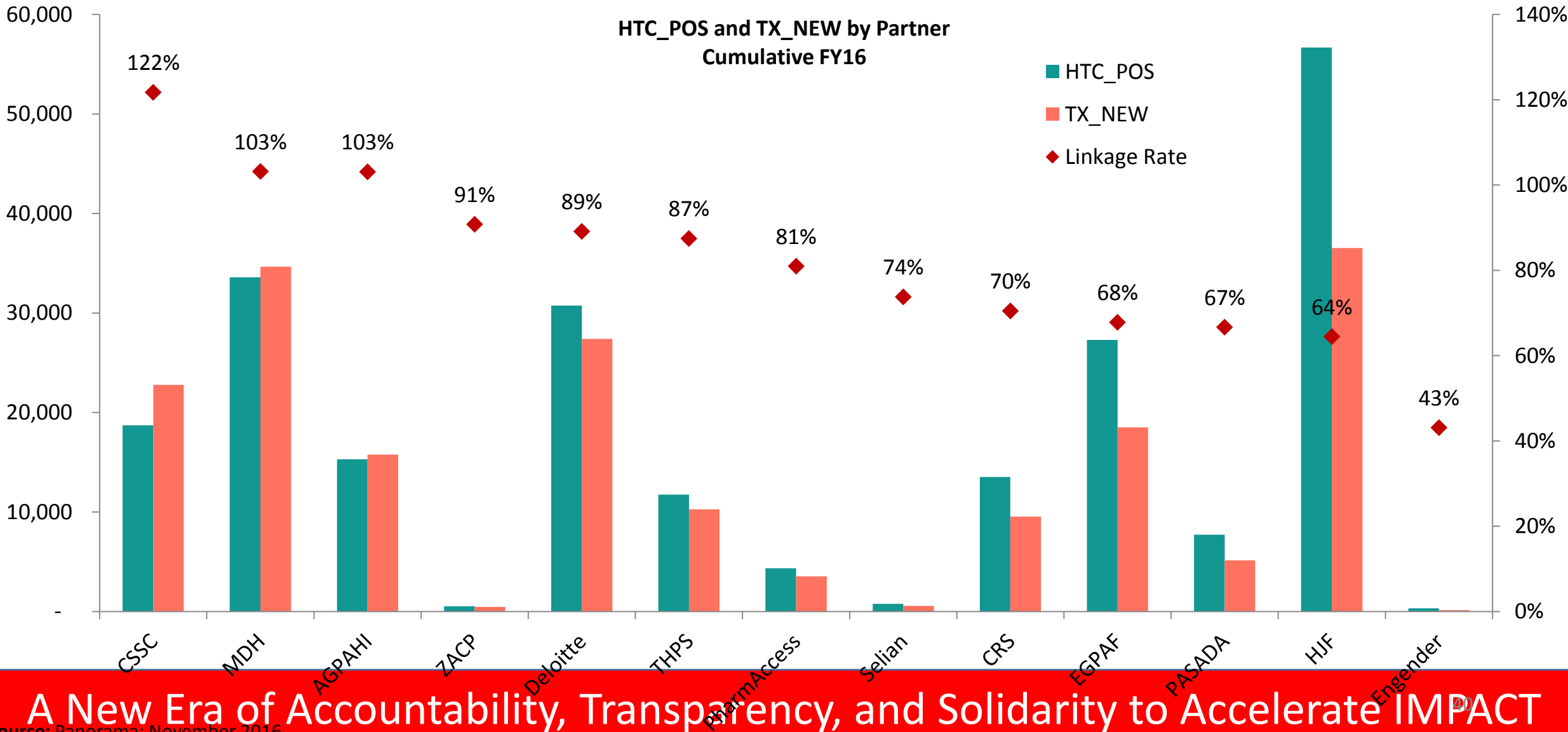
# FY 2017 Q1 Performance: Tanzania Crude Linkage by SNU Category- By Males & Females



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# Tanzania Crude Linkage Across Partners



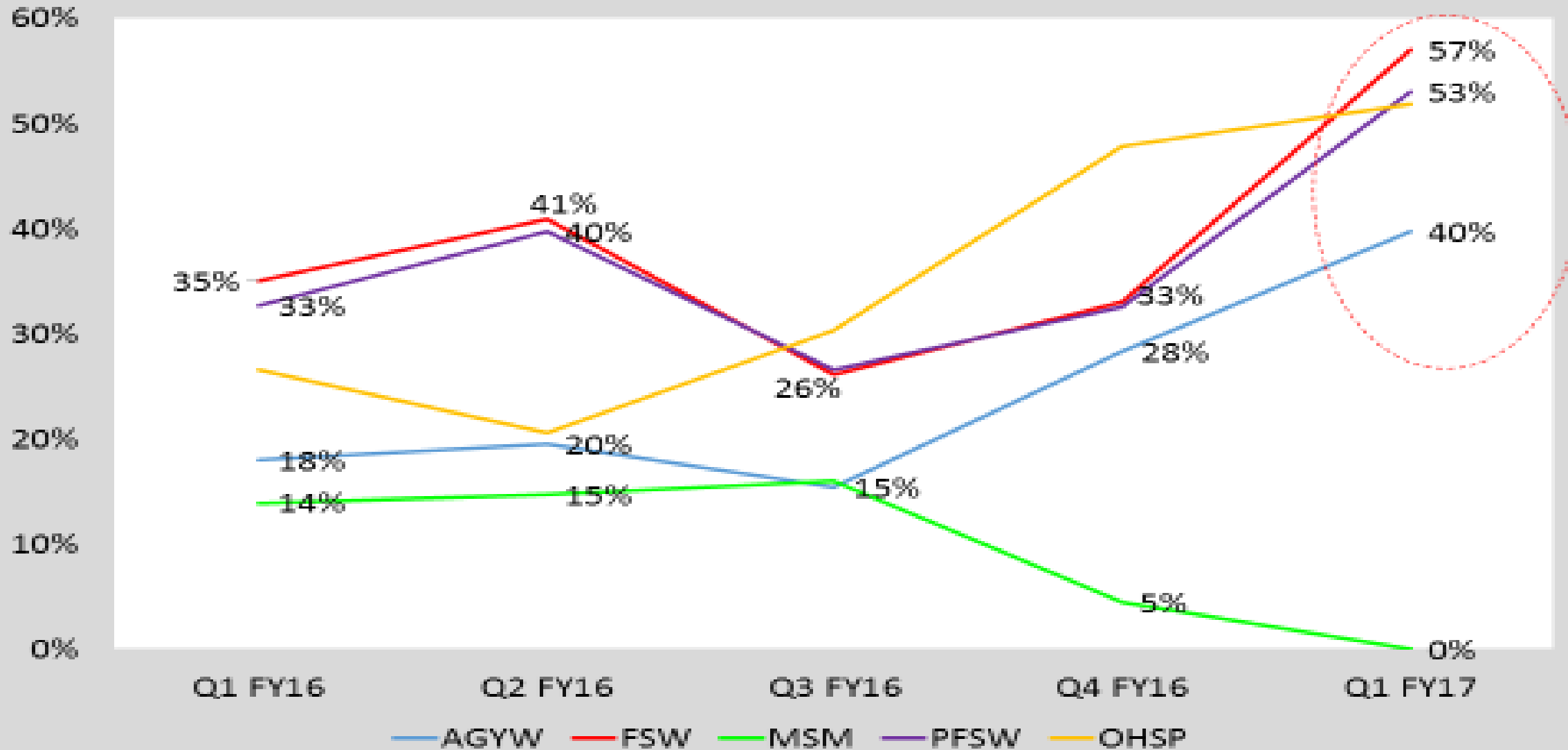
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Source: Panorama; November 2016



# CTC Enrollment Rates by Population Category ( FY 2016- FY 2017, Q1)

**CTC enrollment rates by Population Category, in 9 Regions, by Quarter, from Oct15 to Dec16**







# FY 17 Q1 Partner Performance: HTC\_TST (1)

IM Number	IM Name	HTC_TST FY16 Target	HTC_TST FY16 Result	% FY16 Achieved	HTC_TST FY17 Target	HTC_TST FY17 Q1 Result	% FY17 Achieved
17103	BIPAI- PPP	0	2,556	0%	668	838	125%
16763	HJFMRI	692,641	1,186,848	171%	1,015,927	325,713	32%
18060	EGPAF	354,139	372,942	105%	699,146	214,272	31%
18237	Deloitte	90,970	565,226	621%	412,738	128,807	31%
17293	MDH Kagera	487,005	965,167	198%	1,224,706	345,646	28%
14536	AGPAHI	183,969	292,052	159%	1,018,392	247,892	24%
17420	KNCV	0	13,814	0%	17,395	3,865	22%
17983	TBD- GOT Follow On	0	26,800	0%	21,026	4,703	22%

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# FY17 Q1 Partner Performance: HTC\_TST (2)

IM Number	IM Name	HTC_TST FY16 Target	HTC_TST FY16 Result	% FY16 Achieved	HTC_TST FY17 Target	HTC_TST FY17 Q1 Result	% FY17 Achieved
16874	THPS	275,381	327,501	119%	453,175	95,071	21%
7241	Pharm-Access	90,123	81,151	90%	106,471	22,327	21%
18131	IHI	127,439	162,619	128%	256,529	44,810	17%
16787	JSI AIDSFree	107,923	122,073	113%	347,622	43,057	12%
16885	MUHAS-TAPP	19,387	37,340	193%	44,213	2,876	7%
16784	Jhpiego-Sauti	670,467	653,482	97%	541,682	31,443	6%
17991	ICAP	0	0	0%	324,407	5,339	2%

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# FY 17 Q1 Partner Performance: HTC\_TST\_POS (1)

IM Number	IM Name	HTC_TST_P OS FY16 Target	HTC_TST_P OS FY16 Result	% FY16 Achieved	HTC_TST_P OS FY17 Target	HTC_TST_P OS FY17 Q1 Result	% FY17 Achieved
17103	BIPAI- PPP	-	330	-	4	70	1750%
14536	AGPAHI	12302	15293	124%	33,736	13,210	39%
18060	EGPAF	20865	10880	52%	20,723	7,590	37%
18237	Deloitte	4663	30788	659%	20,514	7,204	35%
17293	MDH Kagera	28211	33,584	119%	46,714	13,827	30%
16763	HJFMRI	94148	56,668	60%	46,567	12,747	27%
16874	THPS		11,750	-	12,802	2,836	22%
7241	Pharm- Access	-	4,357	0	5,380	925	17%

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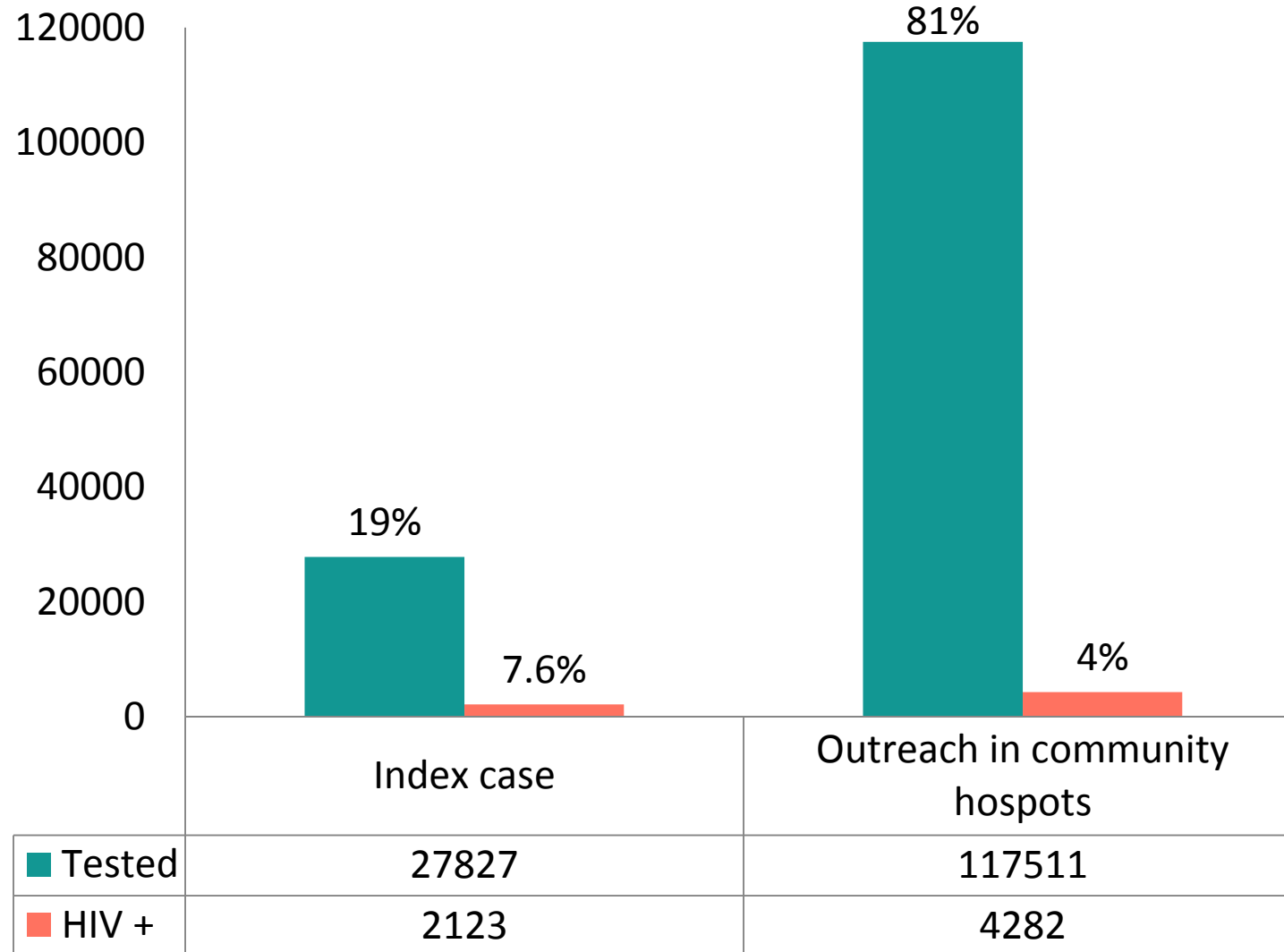
# FY17 Q1 Partner Performance: HTC\_TST\_POS (2)

IM Number	IM Name	HTC_TST_POS FY16 Target	HTC_TST_POS FY16 Result	% FY16 Achieved	HTC_TST_POS FY17 Target	HTC_TST_POS FY17 Q1 Result	% FY17 Achieved
17983	TBD GoT Follow On	-	11726	-	2,645	314	12%
16787	JSI AIDSFree	-	3,768	-	11,684	1,285	11%
17420	KNCV	-	2,145	-	4,994	478	10%
16784	JHPIEGO- Sauti	45701	17,157	48%	27,756	1,368	5%
14556	Tanzania Youth Alliance	3096	2663	86%	6,894	630	9%
18131	IHI	10195	6473 -	63%	5,619	93	2%
17991	Columbia University	0	0	0	16,536	210	1%

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# IntraHealth: Performance by Service delivery models



- More clients (81%) were tested through hotspot than index case
- However, positivity rate was high among clients tested through index case finding (7.6%)

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# Scale-up of Test and Treat for All PLHIV in Dar es Salaam Region (Dar Saturation)

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**FY17 Q2 Progress**

**18 May 2017**

Dr. Patrick Rwehumbiza



# Dar Saturation Q2 Progress: Presentation Content

1. Background on and implementation of test and treat scale-up in Dar
2. SAPR 2017 Performance (HTC\_TST, HTC\_TST POS, TX\_NEW, TX\_CURR, TX\_NET NEW)
3. Discussion



# Background on Scale-Up of Test and Treat in Dar es Salaam, Tanzania





# Background on Scale-up of Test and Treat in Dar Region

## Estimated PLHIV And ART Coverage

Disctrict	Estimated PLHIV	80% of PLHIV (2nd 90)	Current on ART as of June 2016 (NACP)	% of ART Coverage	Gap
Kinondoni + Ubungo	104,438	83,550	38,432	46%	54.00%
Temeke + Kigamboni	72,289	57,831	35,877	62%	38.00%
Ilala	67,833	54,266	44,182	81%	19.00%

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# Implementation of Test and Treat Strategies in Dar es Salaam

1. RHMTs convene meeting with all 5 CHMTs and Partners to share agreed strategies
2. Dar IPs to ensure all strategies discussed in the meeting reach the facilities. Focus was on the high volume facilities
3. The RMO/RACC share the strategies with regional secretariat including the Regional Commissioner
4. Monthly meeting (Same people will need to be attending these monthly meeting). These meetings need to be done at all levels (from the site level to the regional level). RHMT/CHMTs and Dar Partners
5. Monthly reporting on selected indicators in the cascade
6. In every quarter, there will be a meeting to discuss the indicators. The meeting will involve the RHMT, CHMT, NACP, USG TEAM, Other stakeholders



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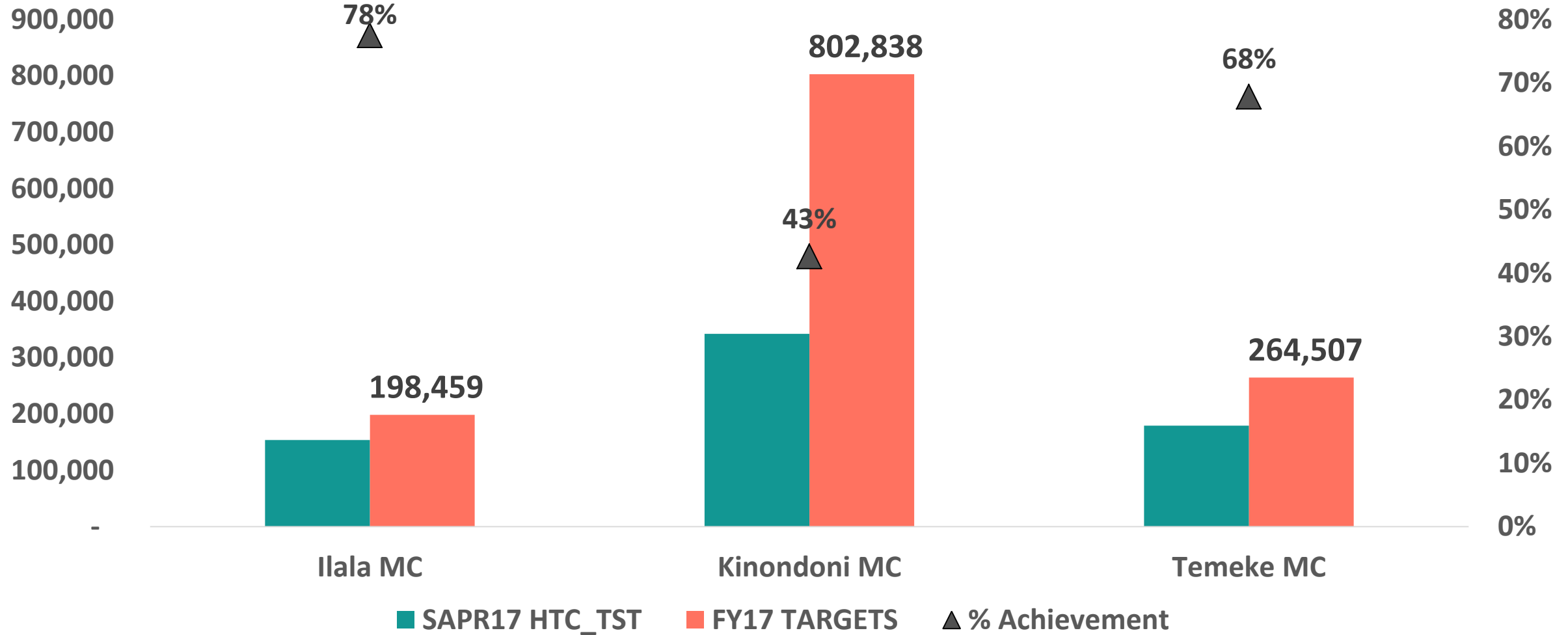
# SAPR 2017 Performance

The background of the slide features a dark blue world map with a subtle texture. On the right side, there is a large, stylized red ribbon graphic that curves and overlaps itself, creating a sense of movement and depth. The text "The First 90: Testing" is centered in the middle of the slide in a white, sans-serif font.

# The First 90: Testing



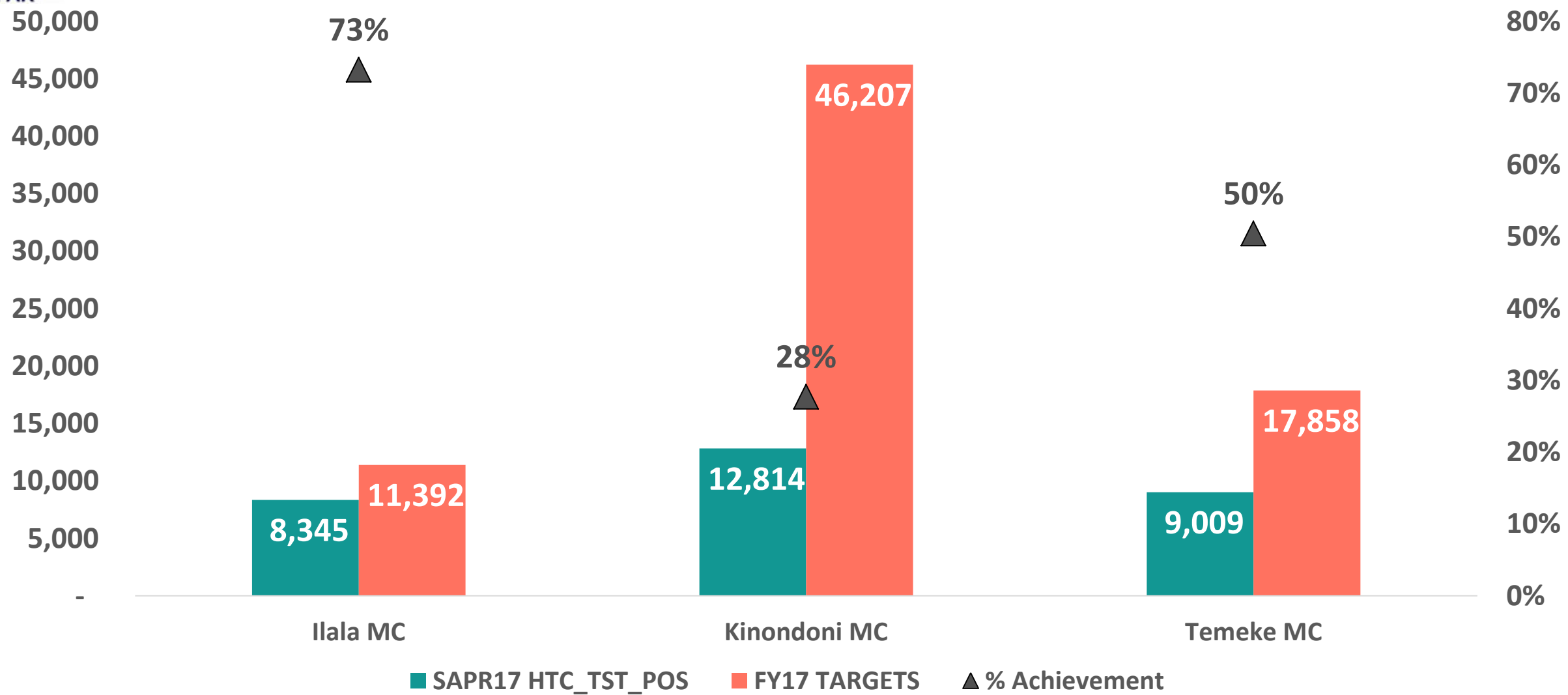
# Testing: FY17 SAPR Performance in Dar by Council



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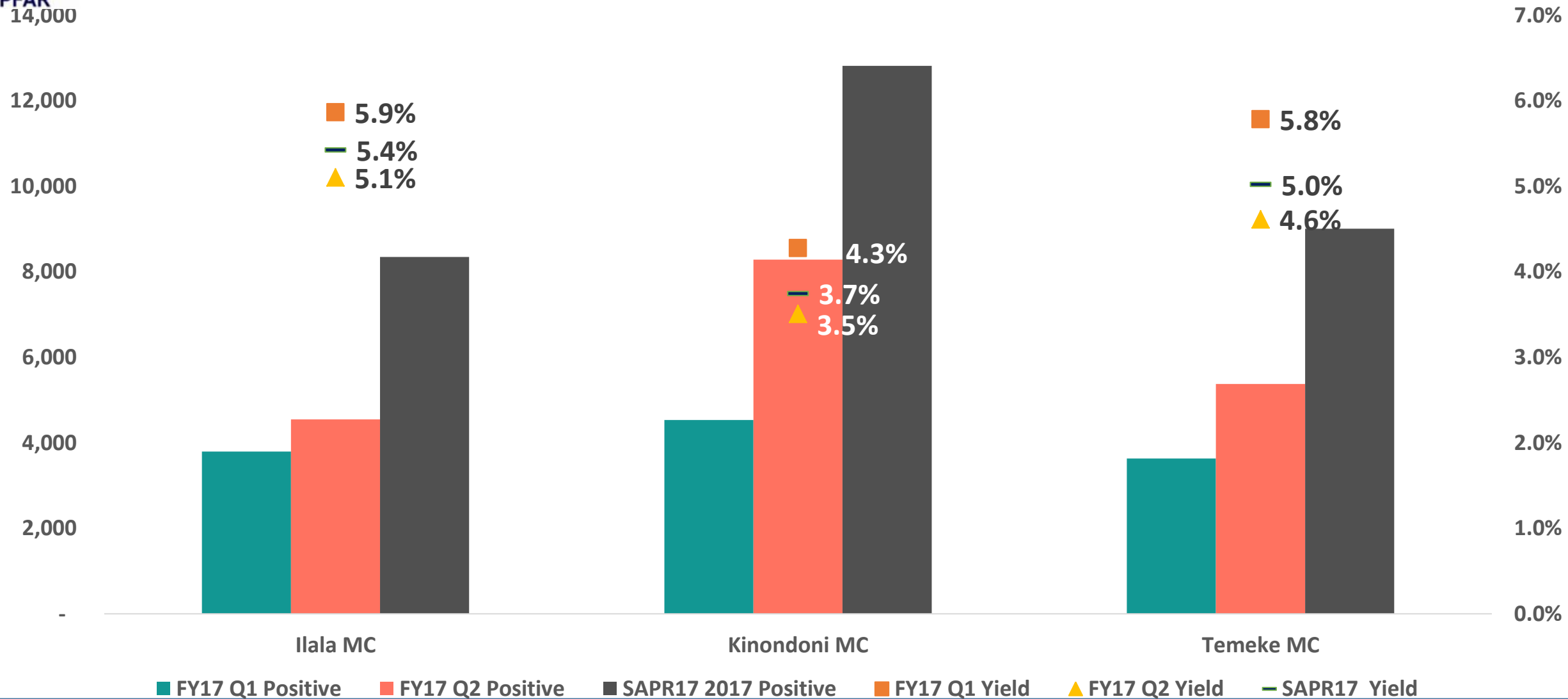
# Positives: FY17 SAPR Performance in Dar by Council



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# Testing Yield by Council

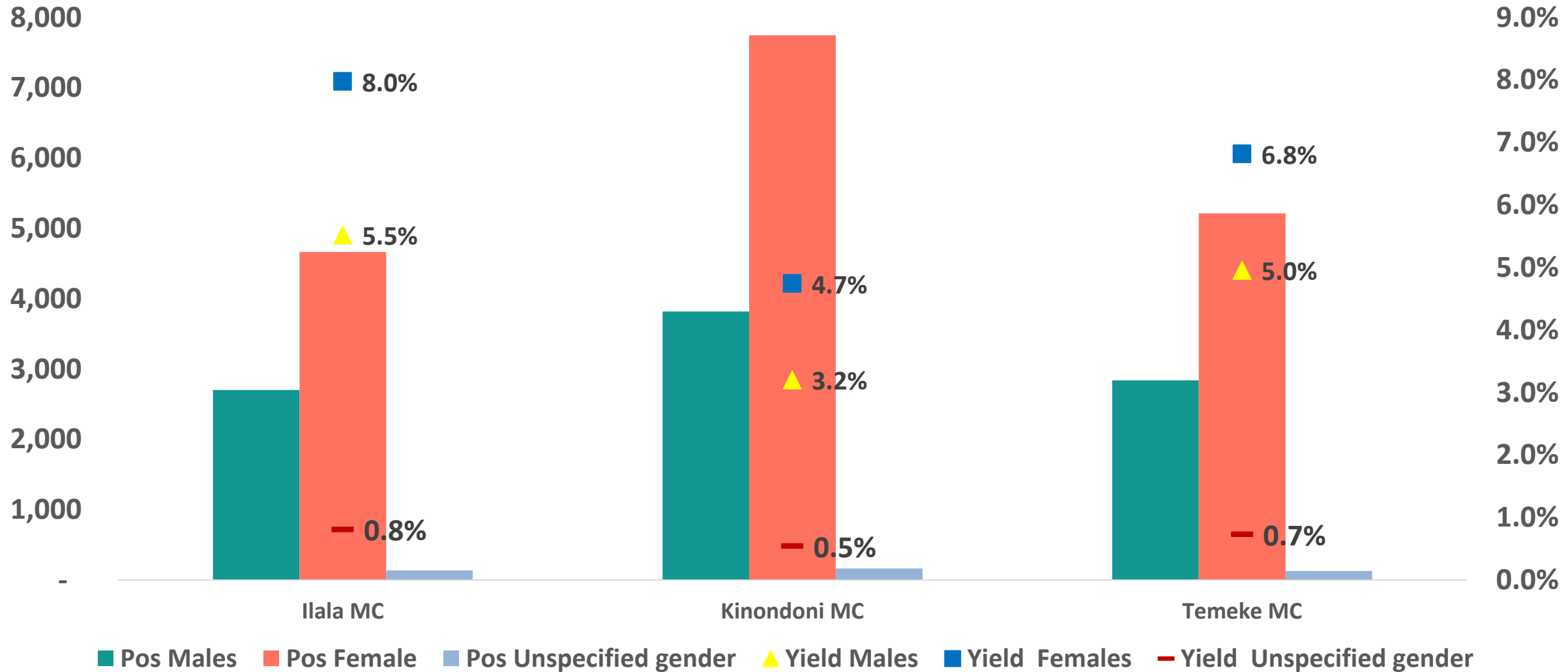


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# Testing, Positives, and Yield by Council and Sex

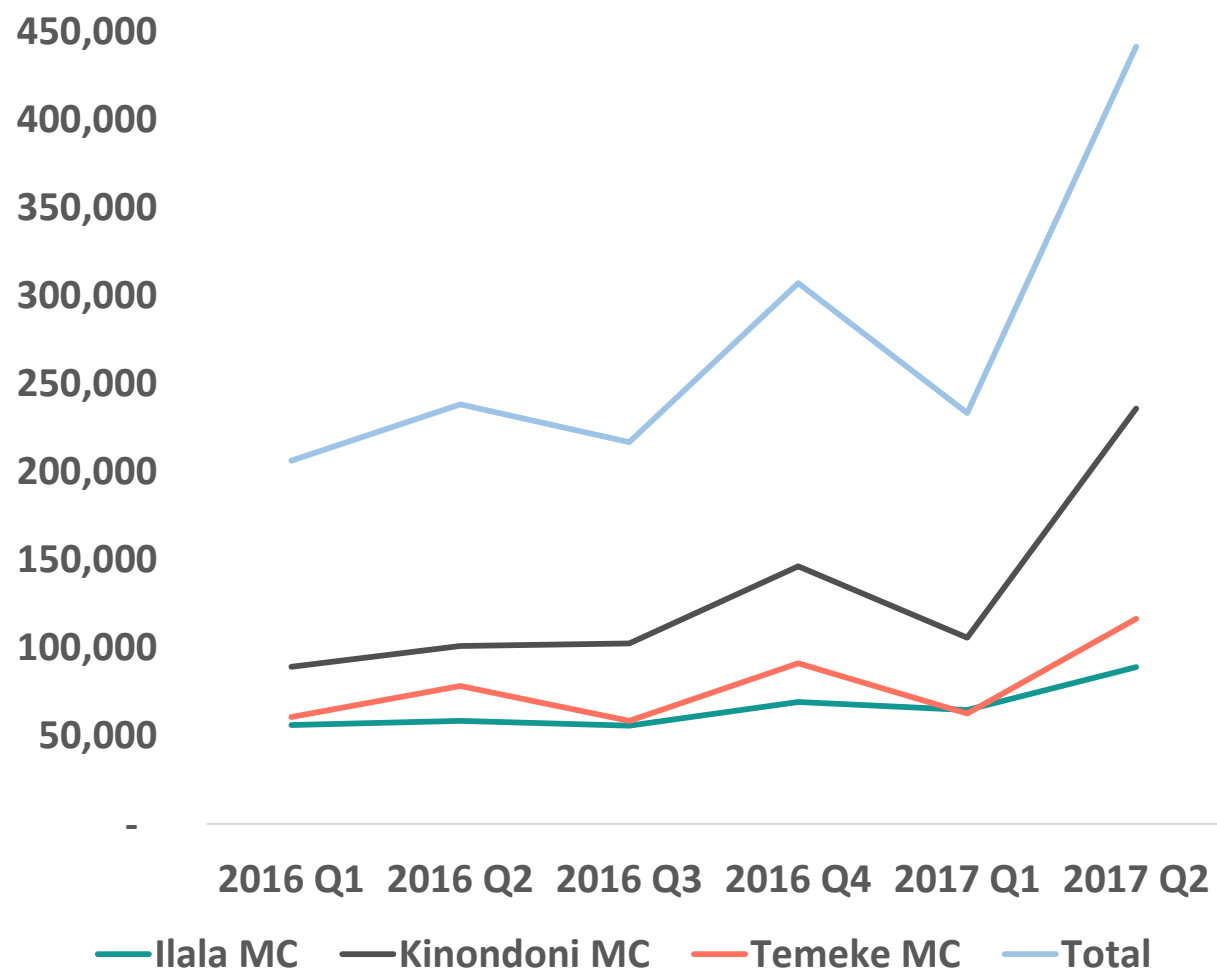


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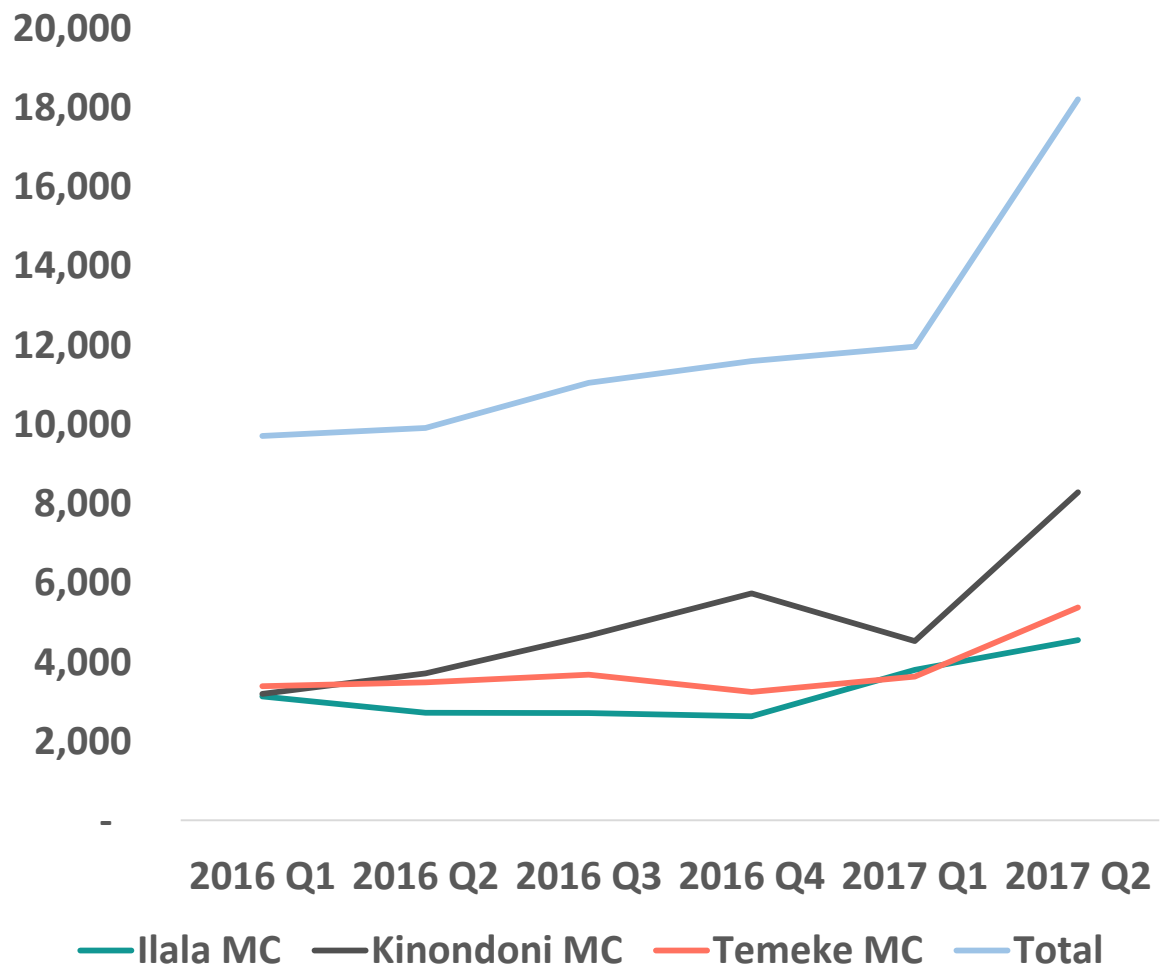


# Testing Trends by Quarter and Council

HTC\_TST Quarterly Trend



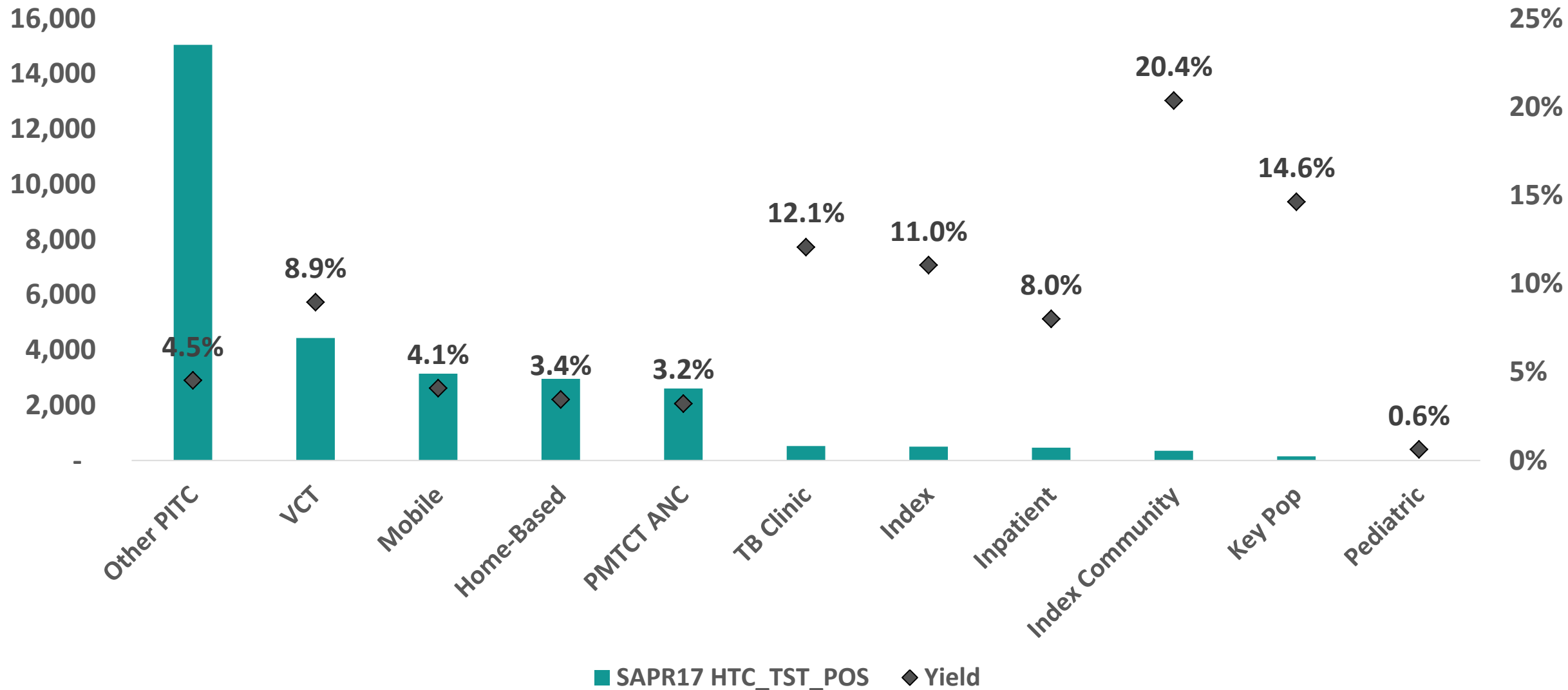
HTC\_TST\_POS Quarterly Trend







# Testing Yield by Service Modality

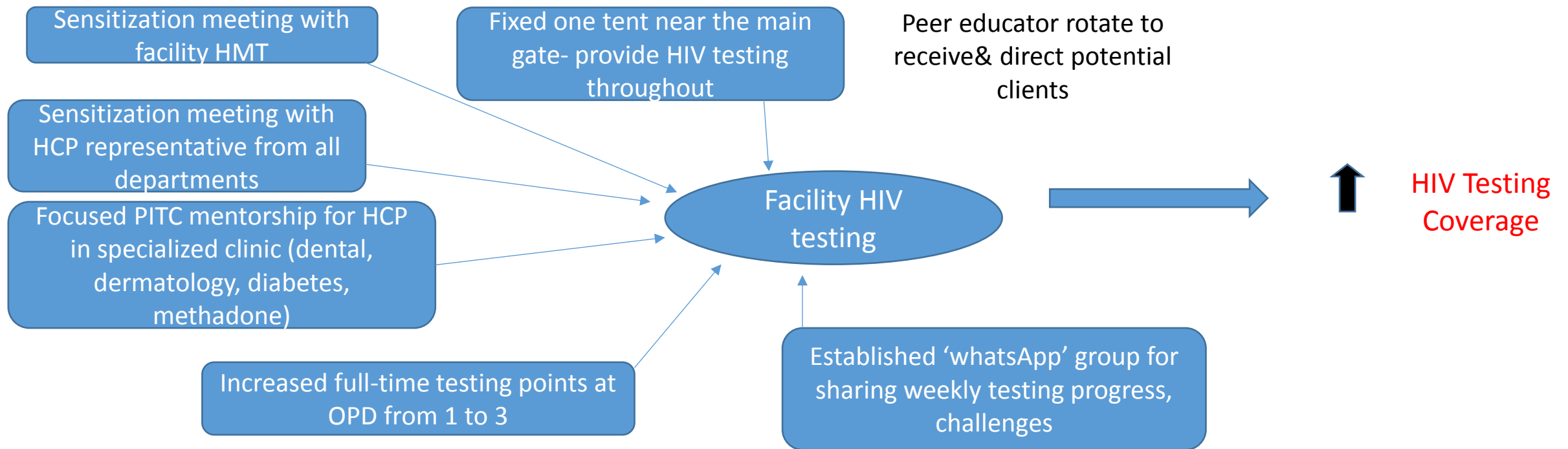


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# MDH Initiative for Identification of HIV Positive Clients

- Increasing HIV testing coverage at facility level: Mwananyamala hosp



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# The Second 90: FY17 Q2 New on Treatment results



# TX\_NEW Achievements Lagging Behind in All Dar Councils

## Council Level TX\_NEW FY17 Achievements Against FY17 Targets

Council	FY17 Q1 TX_NEW	FY17Q2 TX_NEW	FY17 Cum TX_NEW	FY17 TX_NEW Target	Percent Achieved
Ilala MC	2,833	3,554	6,387	21,923	29%
Kinondoni MC	3,106	4,854	7,960	49,849	16%
Temeke MC	2,827	3,782	6,609	24,838	27%
Overall	8,766	12,190	20,956	96,610	22%

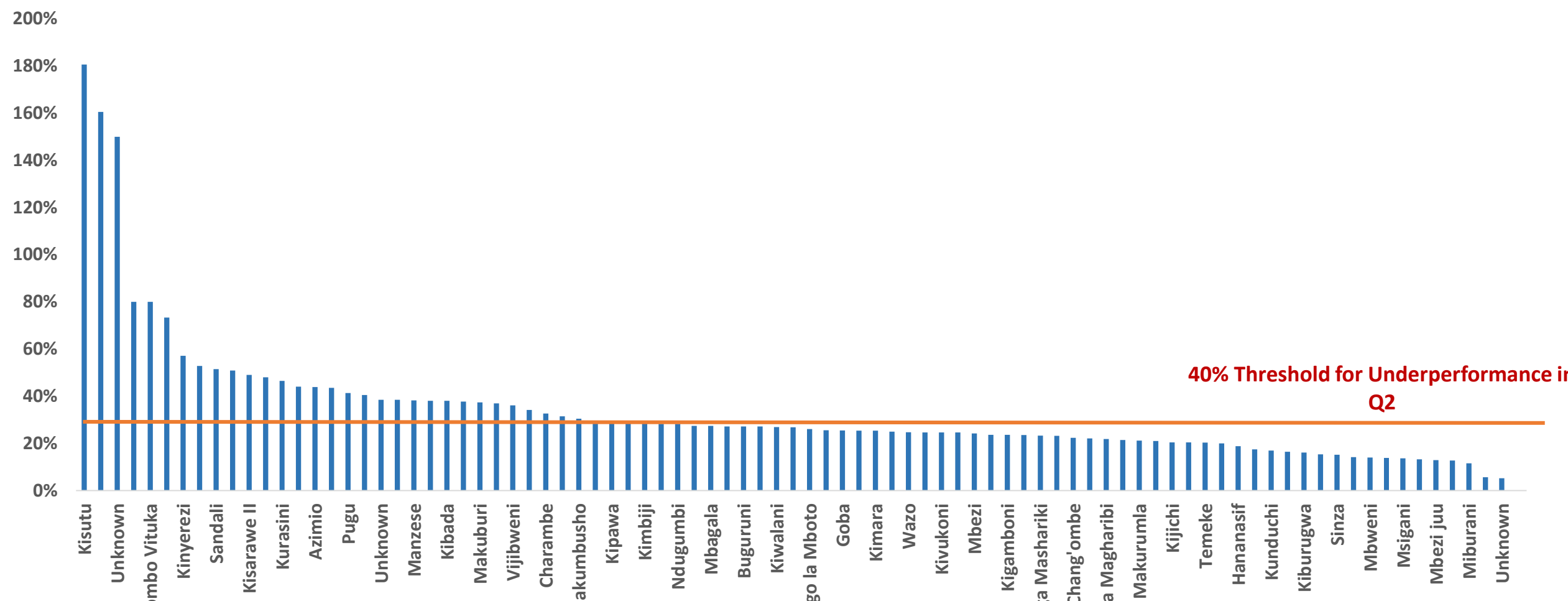
Q2 Achievement Legend		
<40%	40-60%	>60%

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# TX\_NEW Achievements Variable at Ward Level

Ward Level TX\_NEW FY17 Percent Achievement Against FY17 Target



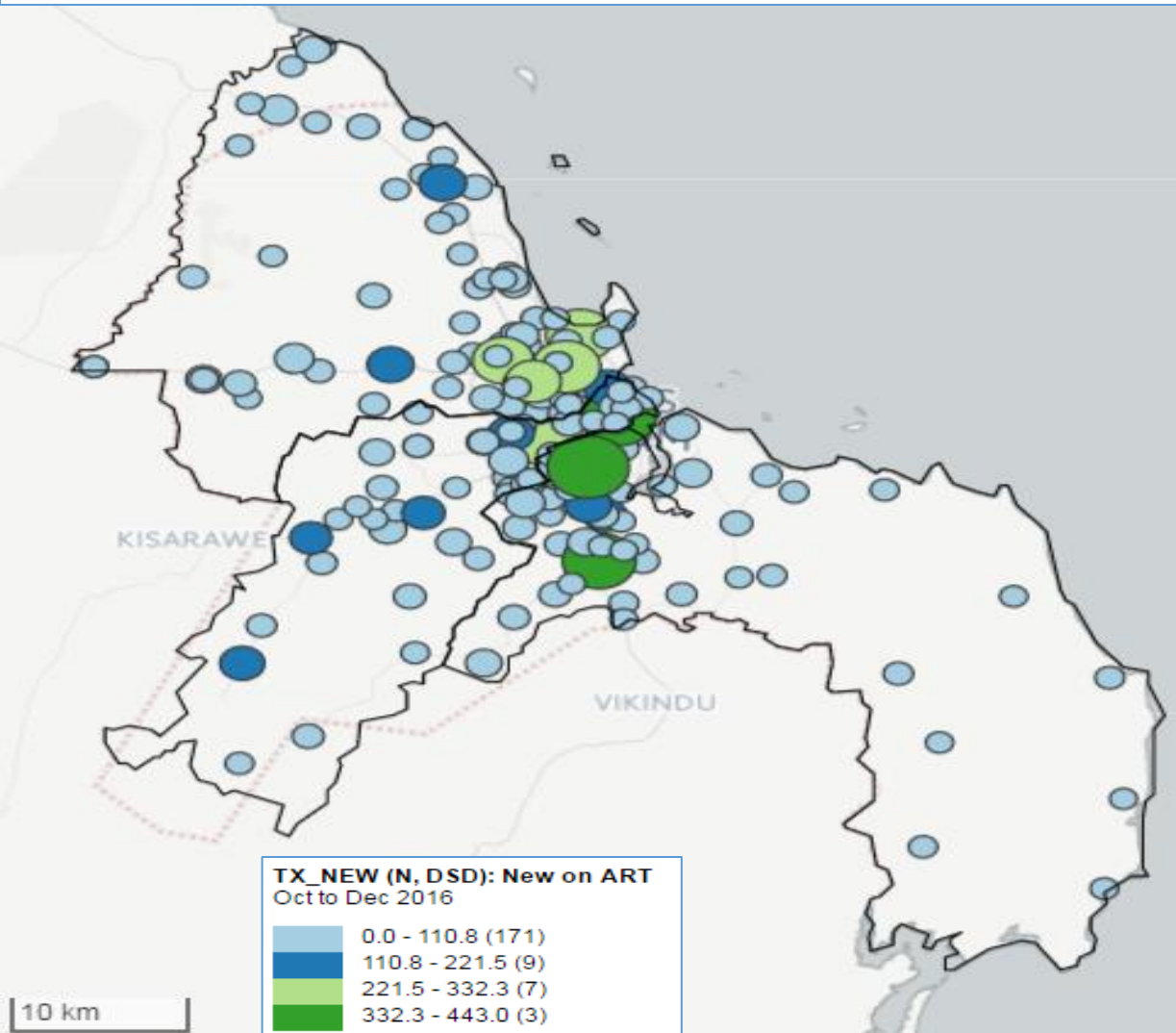
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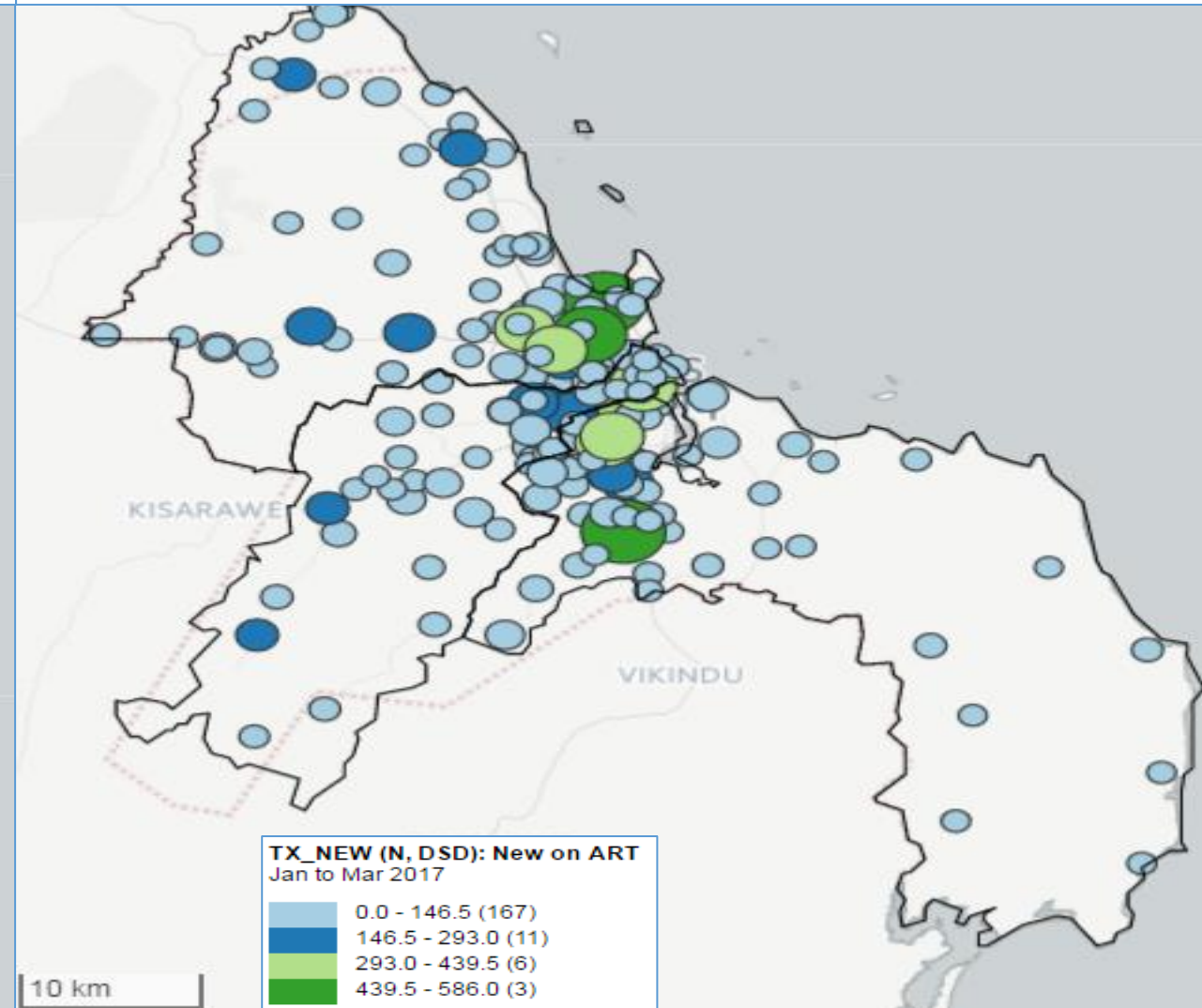


# New on Treatment Facility Level Results, FY17 Q1, Q2

Q1 Facility Level TX\_NEW Proportional Symbol Map



Q2 Facility Level TX\_NEW Proportional Symbol Map



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# The Second 90: FY17 Q2 TX\_CURR results





# TX\_NET\_NEW Achievements Lagging Behind in All Dar Councils

## Council Level TX\_NET\_NEW FY17 Achievements Against FY17 Targets

Council	FY17 Q1 TX_CURR	FY17Q2 TX_CURR	FY17Q2 TX_NET_ NEW	FY17 TX_NET_ NEW Target	Percent Achieved
Ilala MC	44,267	46,569	2,302	10,115	23%
Kinondoni MC	39,390	42,073	2,683	37,432	7%
Temeke MC	37,576	40,409	2,833	14,677	19%
Overall	121,233	129,051	7,818	62,224	13%

### Q2 Achievement Legend

<40%

40-60%

>60%

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# ART Coverage by Council/Age/Sex

## Council Level ART Coverage by Age and Sex by the end of FY17Q2

Council	All PLHIV	<15	15-24, Female	15-24, Male	25+, Female	25+, Male
Ilala MC	69%	48%	52%	35%	88%	50%
Kinondoni MC	40%	27%	36%	15%	53%	28%
Temeke MC	56%	42%	47%	25%	74%	38%
<b>Total</b>	<b>53%</b>	<b>38%</b>	<b>43%</b>	<b>24%</b>	<b>69%</b>	<b>37%</b>

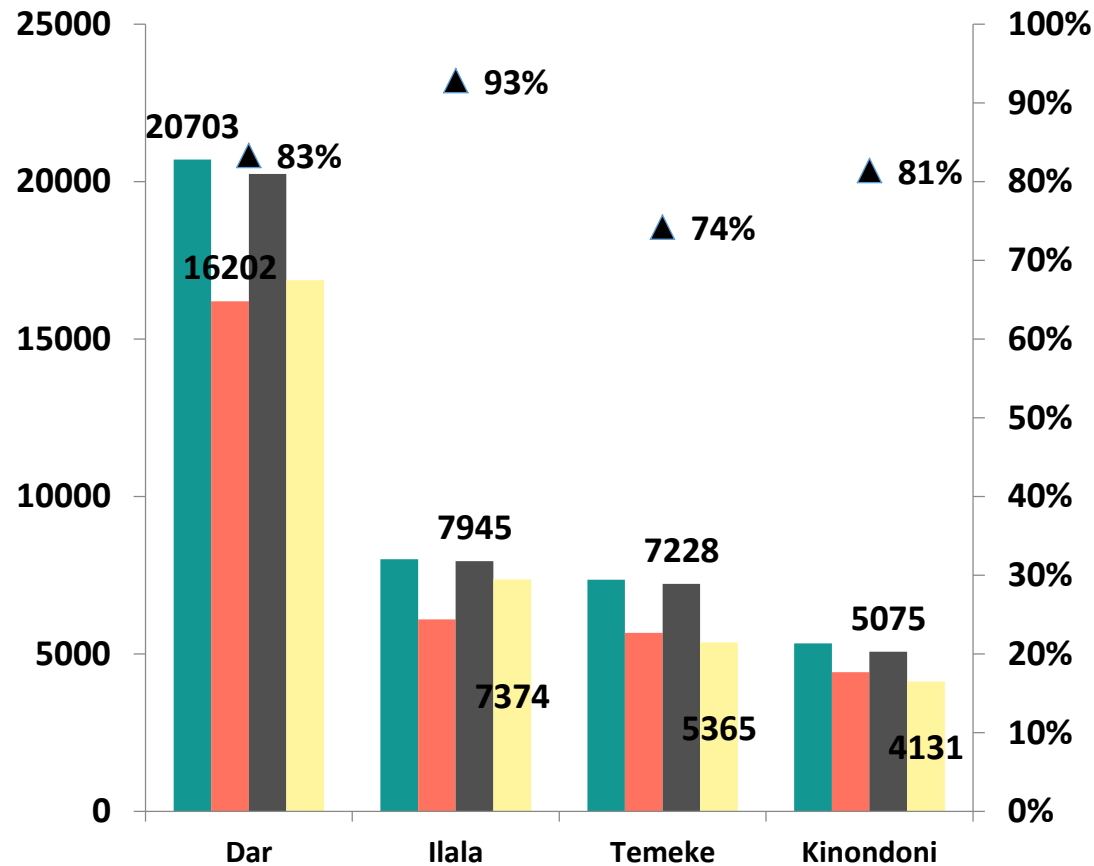
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# MDH Tracking and Retention Progress FY17 Q1-Q2

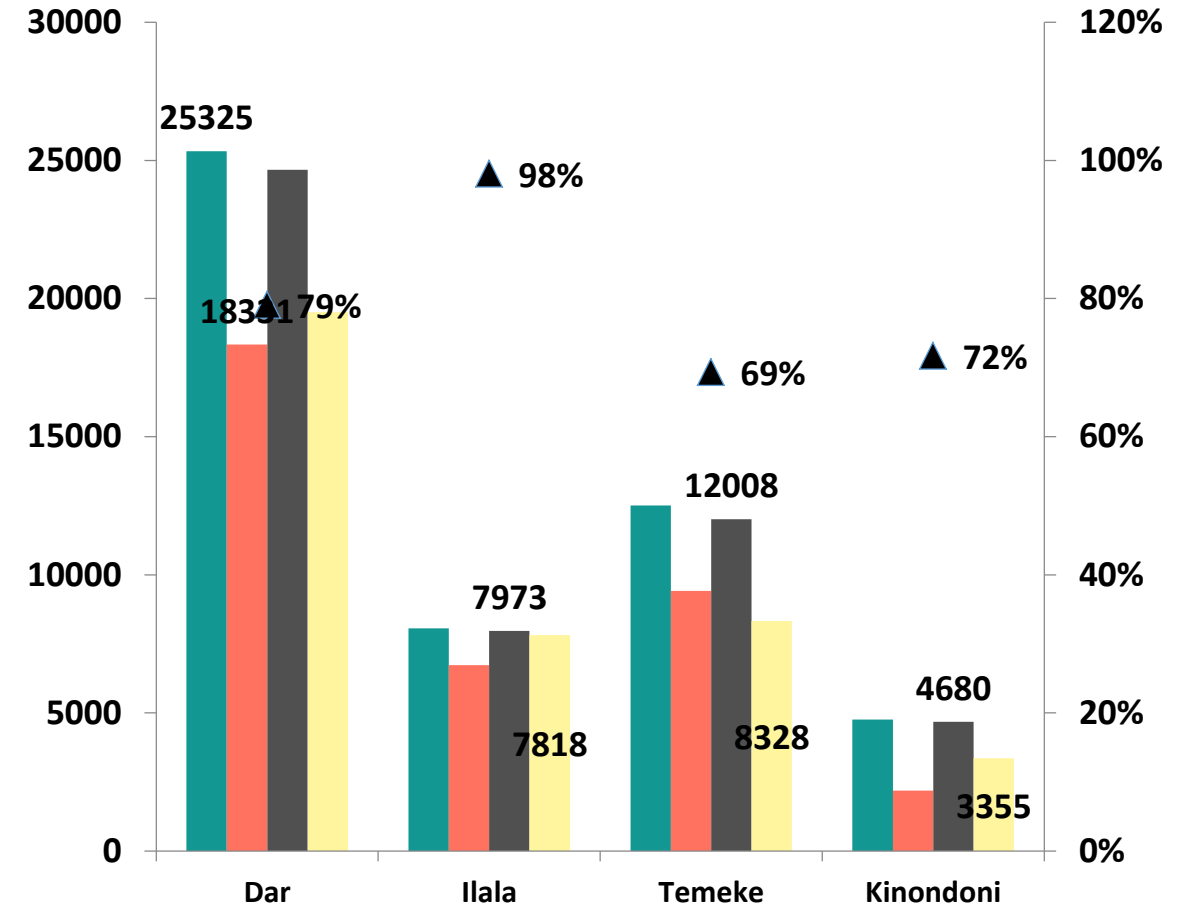
## FY17 Q1

Tracking list Promised Tracked Returned % Return



## FY17 Q2

Tracking list Promised Tracked Returned % Return



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# The Third 90: SAPR 17 Viral Suppression Results



# FY17 Q1&Q2 Viral Suppression among Valid Results by SNU

SNU	FY17 Q1			FY17 Q2		
	Patients Tested	Suppressed	% Suppressed	Patients Tested	Suppressed	% Suppressed
Kinondoni	7,293	6,173	84.6	7,337	6,077	82.8
Ilala	5,931	4,951	83.5	3,969	3,286	82.8
Temeke	4,306	3,584	83.2	6,242	5,086	81.5
Overall	17,530	14,708	84%	17,548	14,449	82%

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# FY17 Q1&Q2 Viral Suppression among Valid Results by Sex

Sex	FY17 Q1			FY17 Q2		
	Patients Tested	Suppressed	% Suppressed	Patients Tested	Suppressed	% Suppressed
Female	11,685	9,984	85.4	11,322	9,460	83.6
Male	5,845	4,724	80.8	6,226	4,989	80.1
Overall	17,530	14,708	84%	17,548	14,449	82%

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# FY17 Q1&Q2 Viral Suppression among Valid Results by Age Group

Sex	FY17 Q1			FY17 Q2		
	Patients Tested	Suppressed	% Suppressed	Patients Tested	Suppressed	% Suppressed
50+ year olds	2,932	2,621	89.4	2,971	2,605	87.7
25-49 year olds	11,678	9,964	85.3	11,623	9,827	84.5
<1 year olds	989	838	84.7	1,073	874	81.5
20-24 year olds	642	499	77.7	629	458	72.8
1-9 year olds	414	264	63.8	425	247	58.1
10-14 year olds	423	265	62.6	405	226	55.8
15-19 year olds	452	257	56.9	422	212	50.2
Overall	17,530	14,708	84%	17,548	14,449	82%

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# Physical Count

SUMMARY OF PHYSICAL COUNT FOR PERIOD OF OCTOBER - DECEMBER 2016 DAR ES SALAAM REGION

S/N	District Name	2.8 Current Number of persons on ART Reported at the end of the quarter	2.8 Current Number of persons on ART at the end of the quarter through physical count	2.11 Cumulative Number of Persons ever on ART at this facility at the end of the quarter	2.11 Cumulative Number of Persons ever on ART at this facility at the end of the quarter through physical count	Difference between 2.8 (Physical Count and Quarterly report Oct - Dec 2016)
1	ILALA	41092	41895	87068	77738	803
2	TEMEKE	32666	32608	73862	62076	-58
3	KINONDONI	26277	23969	56335	46832	-2308
4	UBUNGO	12482	12053	26934	23903	-429
5	KIGAMBONI	3812	3819	6704	6759	7
	<b>TOTAL</b>	<b>116329</b>	<b>114344</b>	<b>250903</b>	<b>217308</b>	

1985

33595

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# Discussion



# Discussion

1. What were the programmatic strategies that led to increase in TX\_NEW numbers from Q1 to Q2?
2. Additional innovations for further improvements in Q3?



# Orphans & Vulnerable Children

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Grey Saga

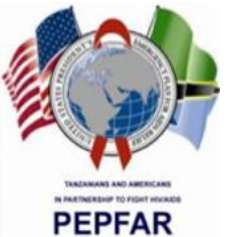




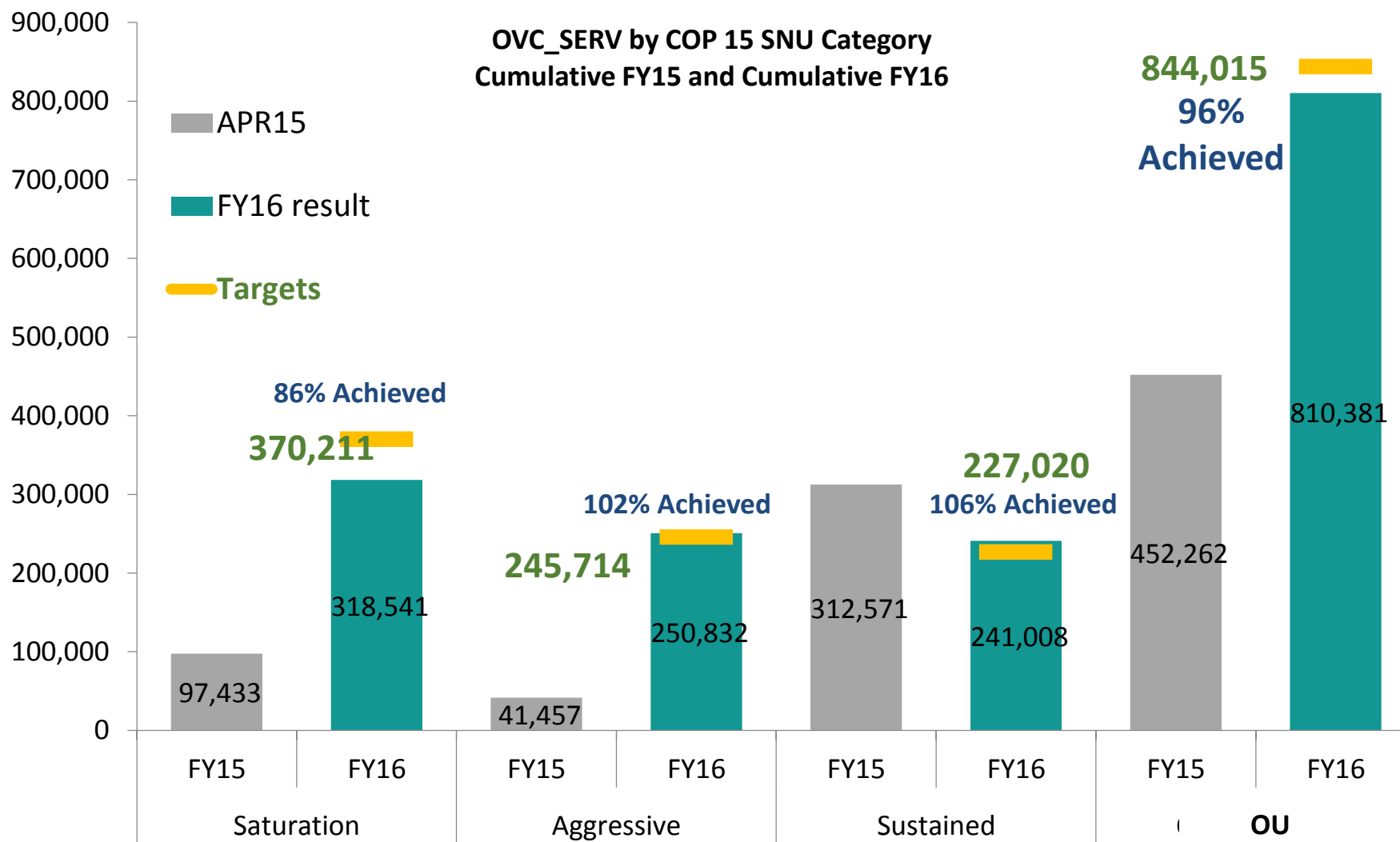
# OVC: Key Decisions

Strategy/programmatic direction	Key Decisions	Partner Performance
<ul style="list-style-type: none"><li>• Integration with DREAMS</li><li>• Improve identification, linkages, and OVC case management</li><li>• Scale-up sustainable interventions</li><li>• Focus on structural policy issues</li></ul>	<ul style="list-style-type: none"><li>• OVC sub-population prioritization and expand support package for adolescents</li><li>• Scale-up use of OVC HIV risk screening tool, and tailor made quality OVC case management</li><li>• Scale-up evidence based, bi-directional referral system</li><li>• Implementation of shared confidentiality policy between MOH personnel and OVC case managers</li><li>• Scale-up implementation of MoU as best practice for OVC case management</li><li>• Ensure community ownership and support through community savings interventions under economic strengthening activities</li></ul>	<ul style="list-style-type: none"><li>• Ensure implementing partner address identified bottlenecks related to accessing HIV services, implement quality OVC case identification and management, address violence against women and children, early marriage and pregnancies and poor learning environment.</li><li>• Ensure data quality, timely, and effective response to SIMS findings, and partner performance management through Joint Partner Program Management</li></ul>

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# Tanzania OVC\_SERV Achievement by SNU Category



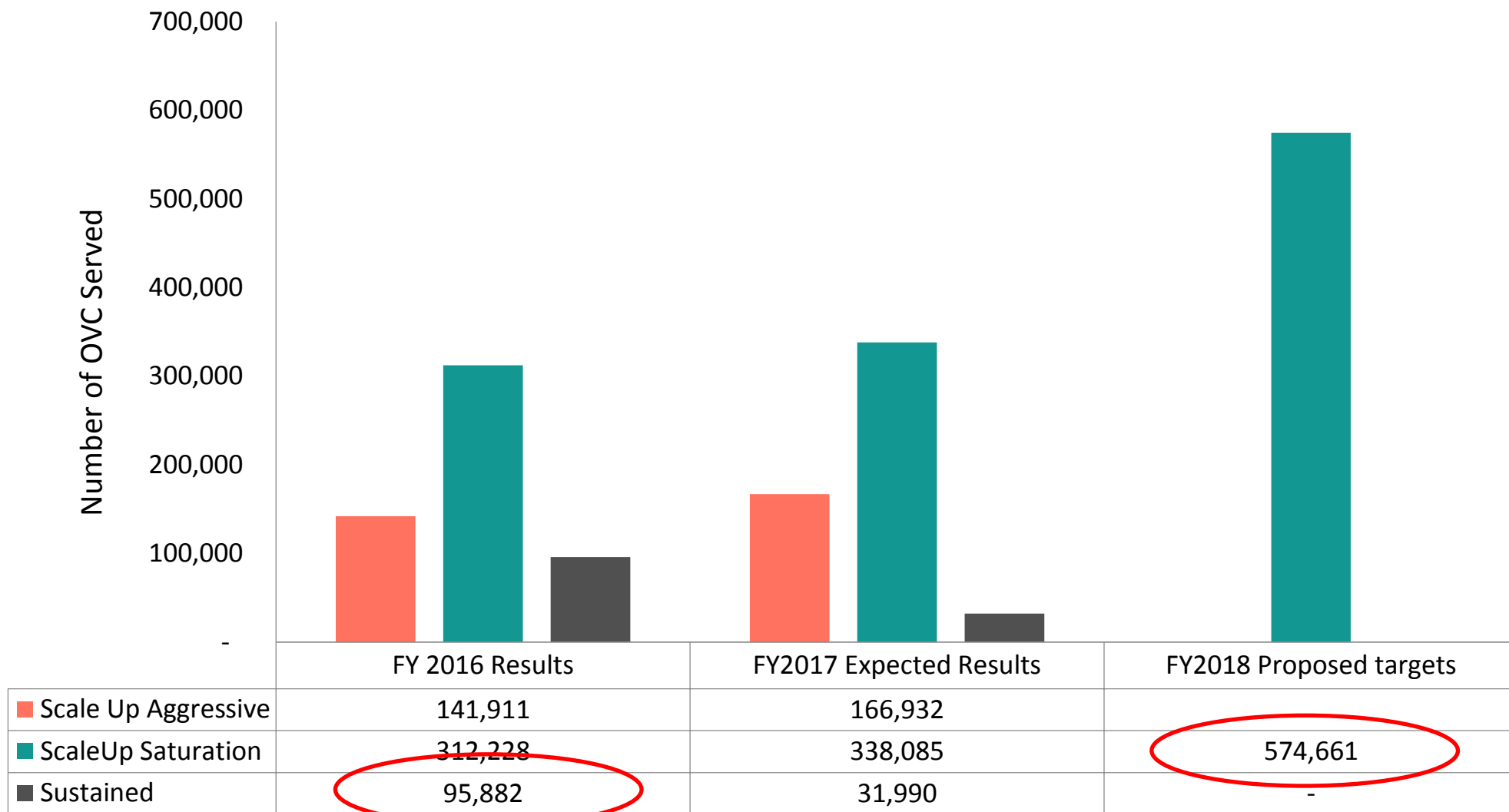
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Source: DATIM





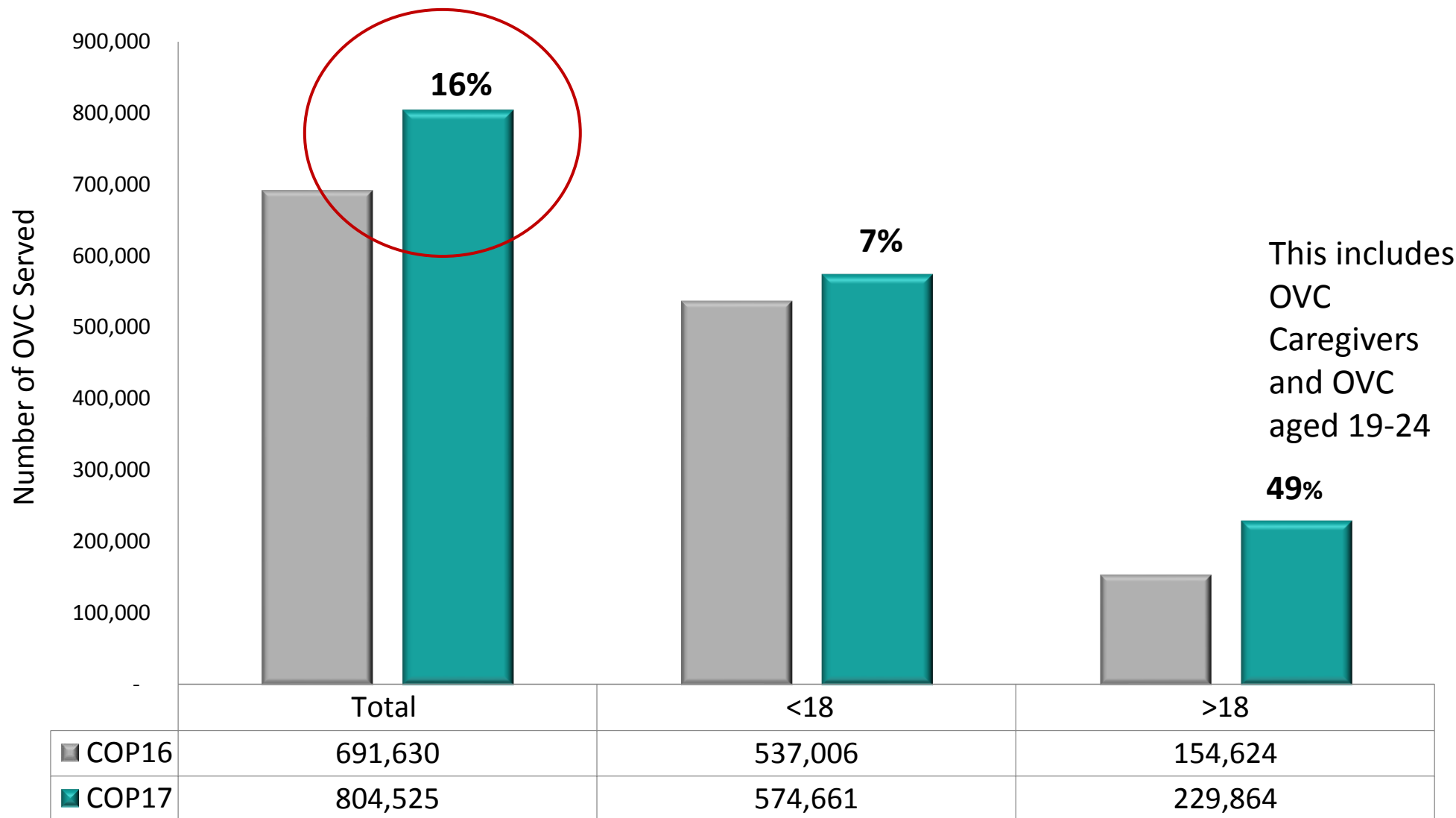
# OVC: Geographic Shifts and Targets



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# COP 17 OVC\_SERV Targets by Age



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# OVC Platform for HIV and GBV Risk Avoidance and Reduction

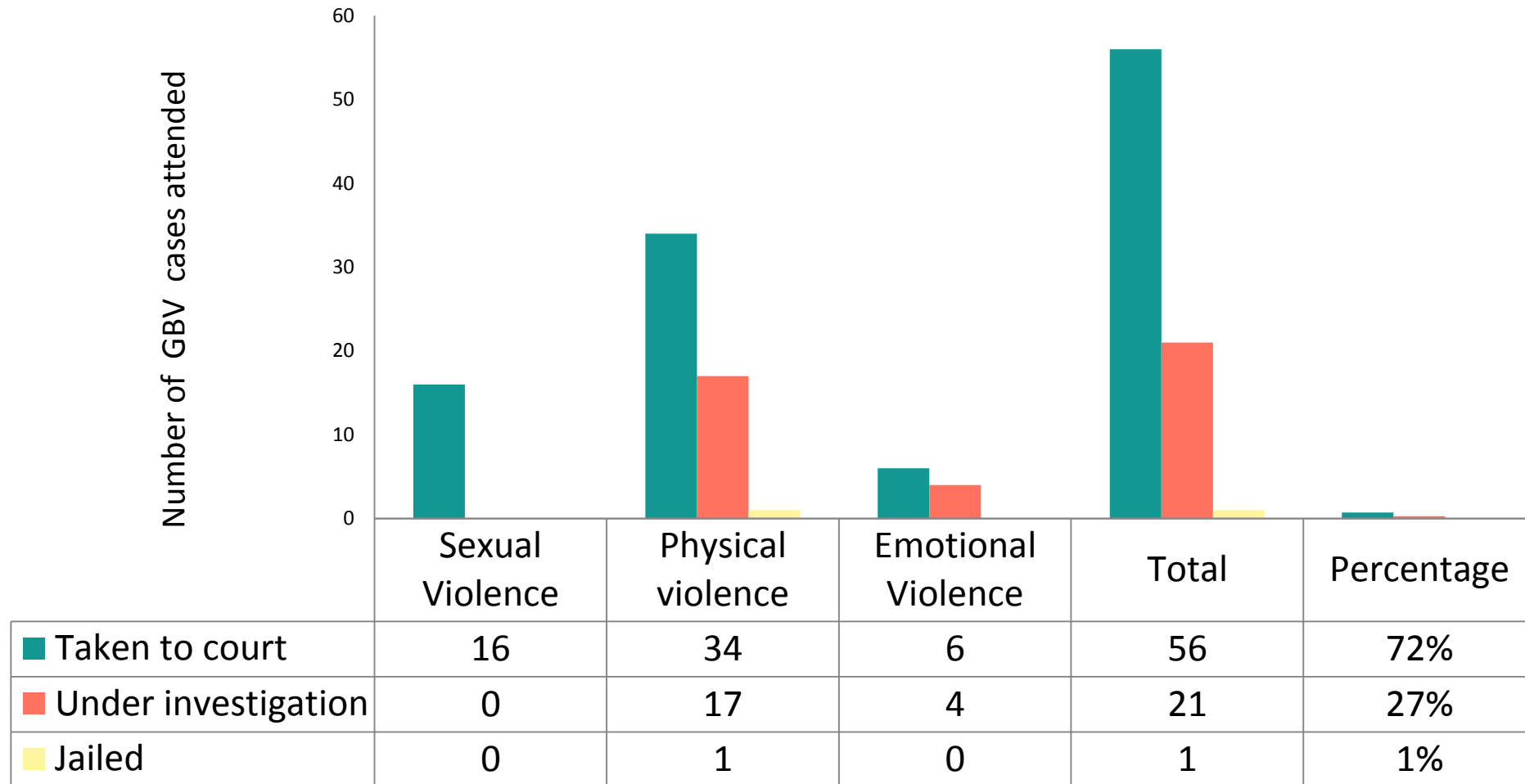
- **Keep girls safe in school through education subsidies**  
Increase education attainment for girls
- **Expand positive parenting for parents of adolescents girls**  
Improve positive parent-adolescent communication to foster openness and discussion around HIV related behaviors
- **Increase access 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

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# Responding to GBV and Child Abuse Cases

**Actions taken on GBV and child abuse n=78**



Data Source: Africare, 2016

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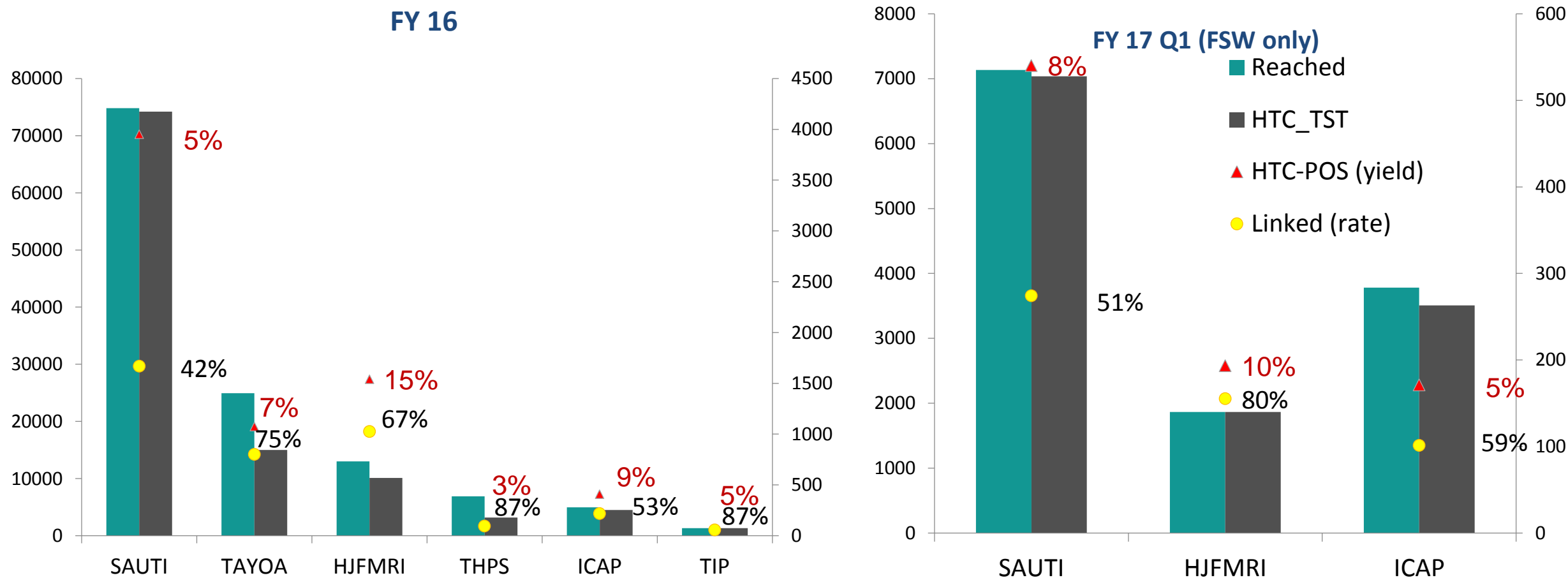
# Key Populations

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Dr. Deogratis Kakiziba



# PEPFAR Tanzania KP Cascade by Implementing Partner



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# Key Populations: Key Decisions

Strategy/Program Direction	Key Decisions	Partner Performance
<ul style="list-style-type: none"><li>• Increased KP coverage in hotspot locations with updated population estimates</li><li>• Reaching men aged &lt;30yrs in high-risk sexual networks via KP platform</li><li>• Scaling up PrEP for FSW</li></ul>	<ul style="list-style-type: none"><li>• Implementation of ongoing activities within context of approved KVP national guidelines</li><li>• Track KP cascade outcomes, disaggregate known vs. new positives</li><li>• Reach children of KP for identification and linkage to services for family approach (pediatric ART, OVC, PMTCT)</li></ul>	<ul style="list-style-type: none"><li>• Consolidated portfolio with only three IMs moving forward</li><li>• Targets set across clinical cascade</li><li>• Quarterly partner performance management</li><li>• Work with in-country partners and HQ TA to effectively and efficiently achieve yield, linkage and retention</li></ul>

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# COP 17 Key Populations cascade

	FY18 Target	HTC_TST	HTC_POS	Enrolled ART	VL<1000
FSW	108,007	97,206	12,024	9,619	7,845
MSM	13,714	12,343	722	578	468
PWID	6,202	5,581	454	363	294
<b>Total</b>	<b>127,923</b>	<b>115,130</b>	<b>13,200</b>	<b>10,560</b>	<b>8,607</b>

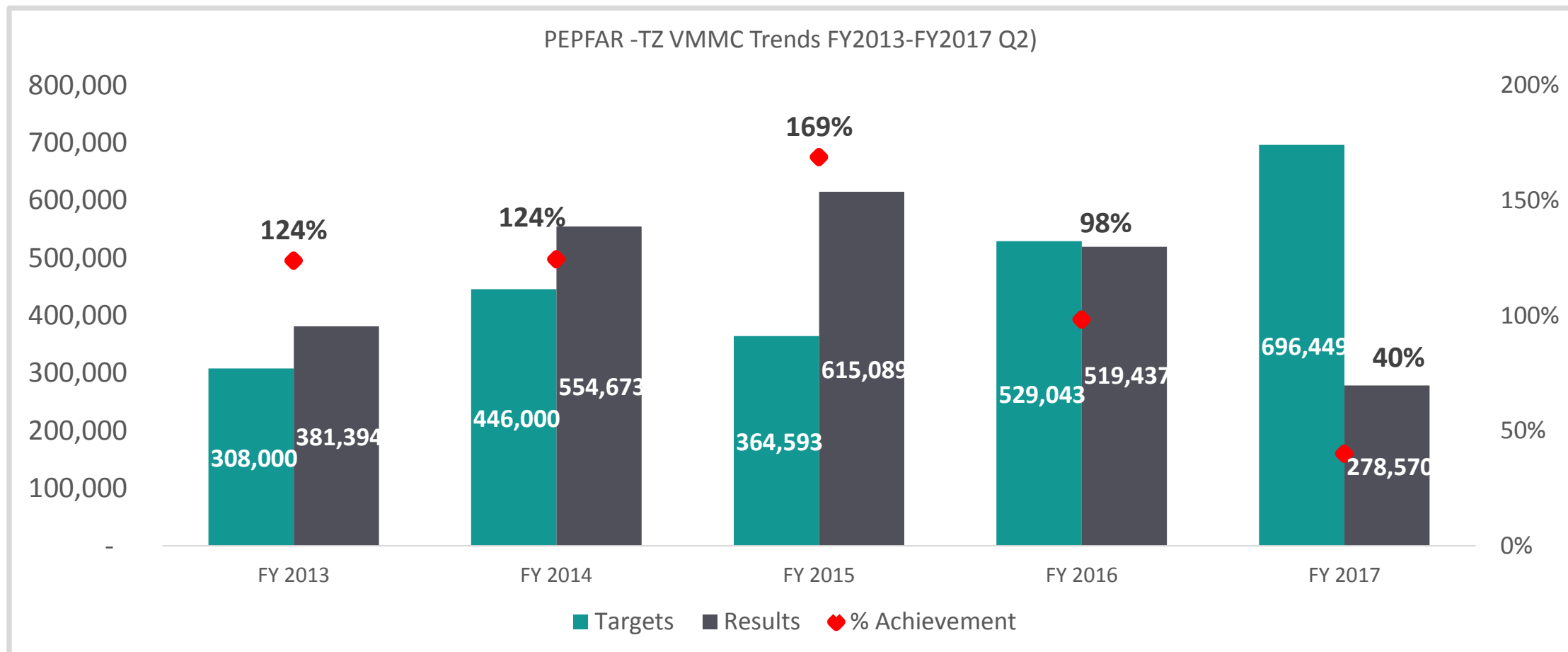
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# Voluntary Medical Male Circumcision (VMMC)



# VMMC Performance FY 13 – FY 17 Q2



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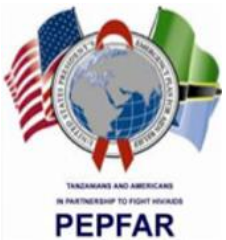


# VMMC Results: FY 17 Q1 & Q2

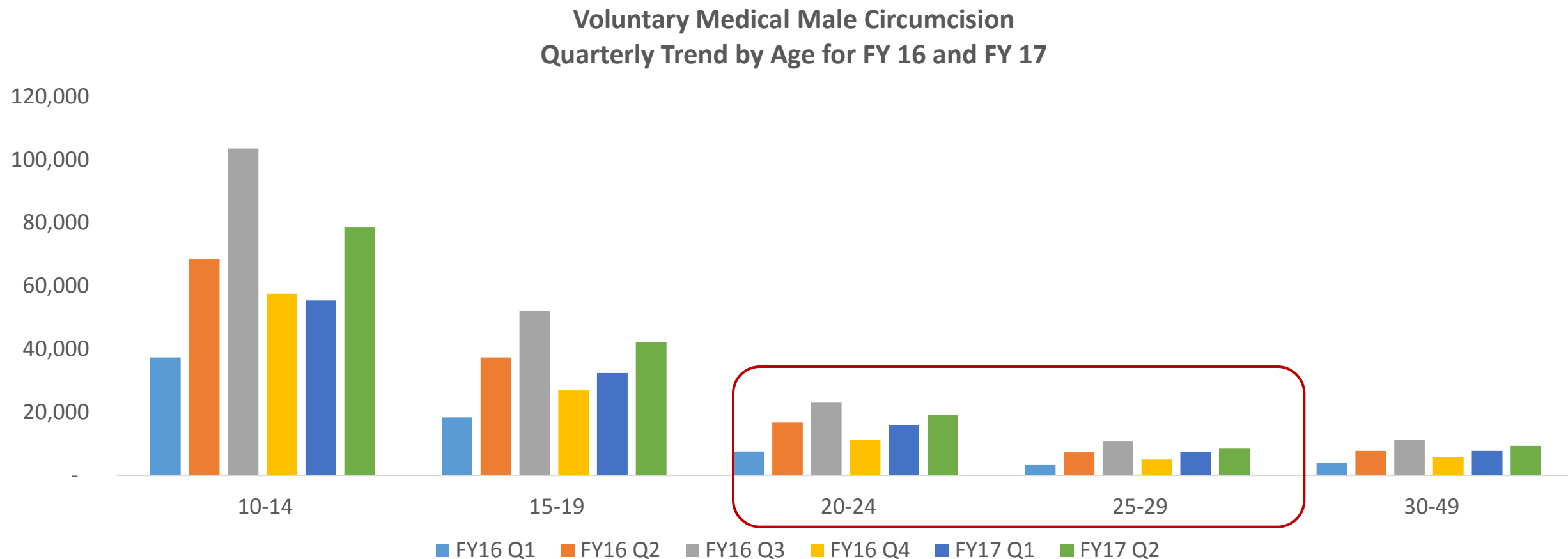
SNU1	Q1 & Q2 (SAPR17)	Target FY17	% Achieved by SAPR
Military Tanzania	3,292	12,832	26%
Geita	32,227	41,199	78%
Iringa	15,933	27,509	58%
Kagera	30,309	57,445	53%
Katavi	8,254	3,859	214%
Mbeya	18,588	115,909	16%
Mwanza	18,464	76,273	24%
Njombe	12,462	30,576	41%
Rukwa	10,183	37,278	27%
Ruvuma	7,862	38,160	21%
Shinyanga	48,777	99,895	49%
Simiyu	28,905	41,332	70%
Tabora	43,314	114,182	38%

Partner Management will focus on underperforming SNUs

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# VMMC: Quarterly Trend by Age - (FY 16 and FY 17)



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# VMMC Scale-Up: Key Decisions in COP17

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

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# VMMC Coverage by end of FY 2017

	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	15-29	10-29
National	84	108	93	79	57	51	46	43	41	38	95	91
Province: Geita	64	78	66	55	37	34	31	29	28	25	68	67
Province: Iringa	112	150	133	110	74	61	53	47	45	42	133	127
Province: Kagera	73	90	79	67	56	51	48	46	45	43	80	78
Province: Katavi	45	77	72	63	47	37	31	28	25	22	72	63
Province: Mbeya	110	120	103	80	51	43	38	34	31	28	103	105
Province: Mwanza	76	97	89	79	71	77	75	73	70	64	89	85
Province: Njombe	112	150	142	121	73	60	53	47	46	42	139	131
Province: Rukwa	90	129	96	72	44	35	30	27	24	21	102	98
Province: Shinyanga	75	115	98	85	56	43	35	30	28	25	101	93
Province: Simiyu	58	99	87	70	50	40	33	29	28	25	87	78
Province: Tabora	100	116	99	96	65	58	53	49	49	48	105	103

\* Coverage assumes 100% achievement of FY17 target (Source: DMPPT 2, Online)



# VMMC Strategy and Direction

SNU Category	Reach 80% or Maintain coverage $\geq$ 80% (10-29 yrs)	Introduce/Expand EIMC	Total
Scale-Up Saturation	52	25	488,302
Sustained	20	0	355,600
Attained	1	1	8,667
Military	1	0	15,022
Total SNUs	74	26	80
<b>Total Target</b>	<b>866,552</b>	<b>23,196</b>	<b>889,748</b>

Source: COP17 datapack/PBAC

COP 17 funding is almost flat-lined from COP 16 (26.4M)

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The background of the slide features a dark, muted world map. A prominent red ribbon graphic, resembling a stylized 'X' or a continuous loop, is positioned on the right side of the image. The text 'Prevention Cascade' is centered horizontally and vertically in a white, sans-serif font.

# Prevention Cascade



# Priority Population Prevention Cascade (AGYW)

## Key Decisions

Strategy/Program Direction	Key Decisions	Partner Performance
<ul style="list-style-type: none"><li>• Increase coverage among vAGYW in the highest burden SNUs<ul style="list-style-type: none"><li>• Global Fund catalytic AGYW fund to complement</li></ul></li><li>• Expand HTS coverage for at-risk &lt;30 yo through HIV self-testing</li><li>• PrEP availability for at-risk &lt;30 yo</li></ul>	<ul style="list-style-type: none"><li>• Expand reach among at-risk males and females aged &gt;30 in highest burden SNUs</li><li>• HIV self-testing demonstration project for at-risk &lt;30 yo</li><li>• Expand PrEP from the demonstration projects to scale-up among at-risk &lt;30 yo</li></ul>	<ul style="list-style-type: none"><li>• Integrate DREAMS package of services into a broader focus on males and females &lt; 30 yo</li><li>• New testing modality requires innovations in M&amp;E, tracking community uptake, testing yield and linkage to care</li><li>• Apply experiences from demonstration projects for PrEP national scale-up</li></ul>

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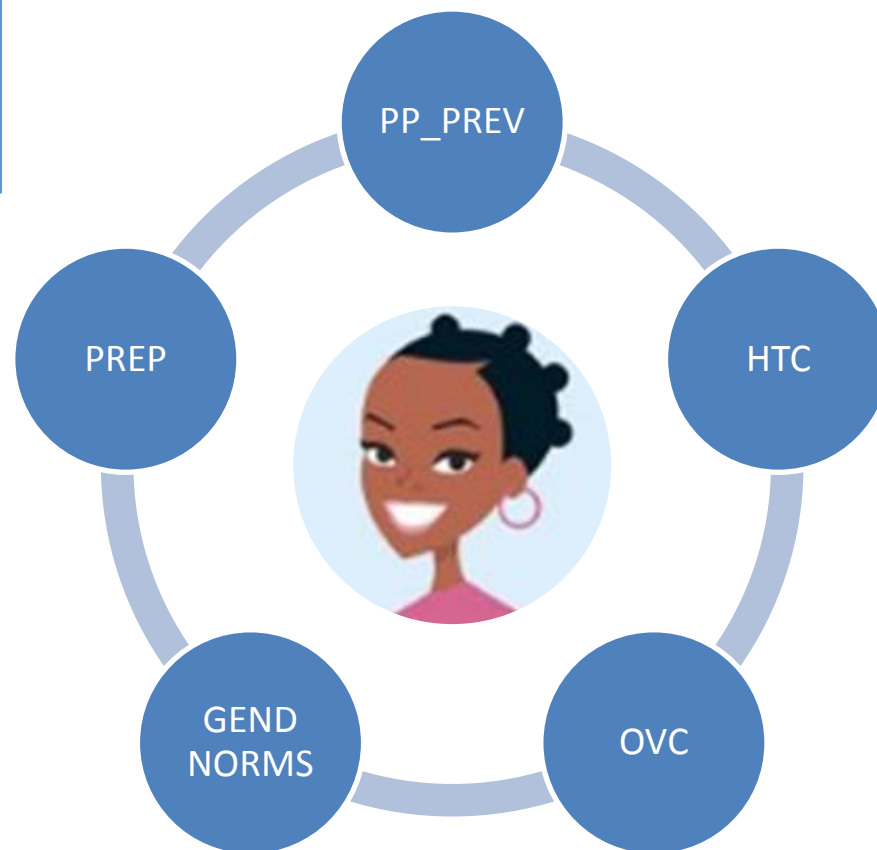


# Prevention Package: Women <30

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

- Scale up PrEP in FSW

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

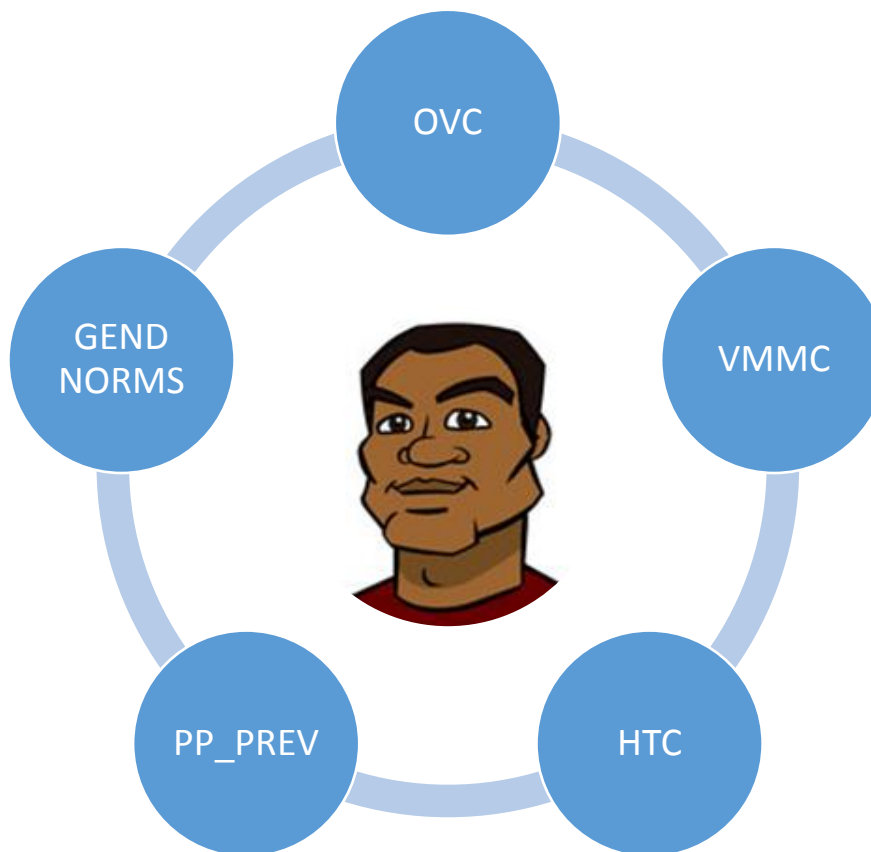




# Prevention Package: Men <30

- 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

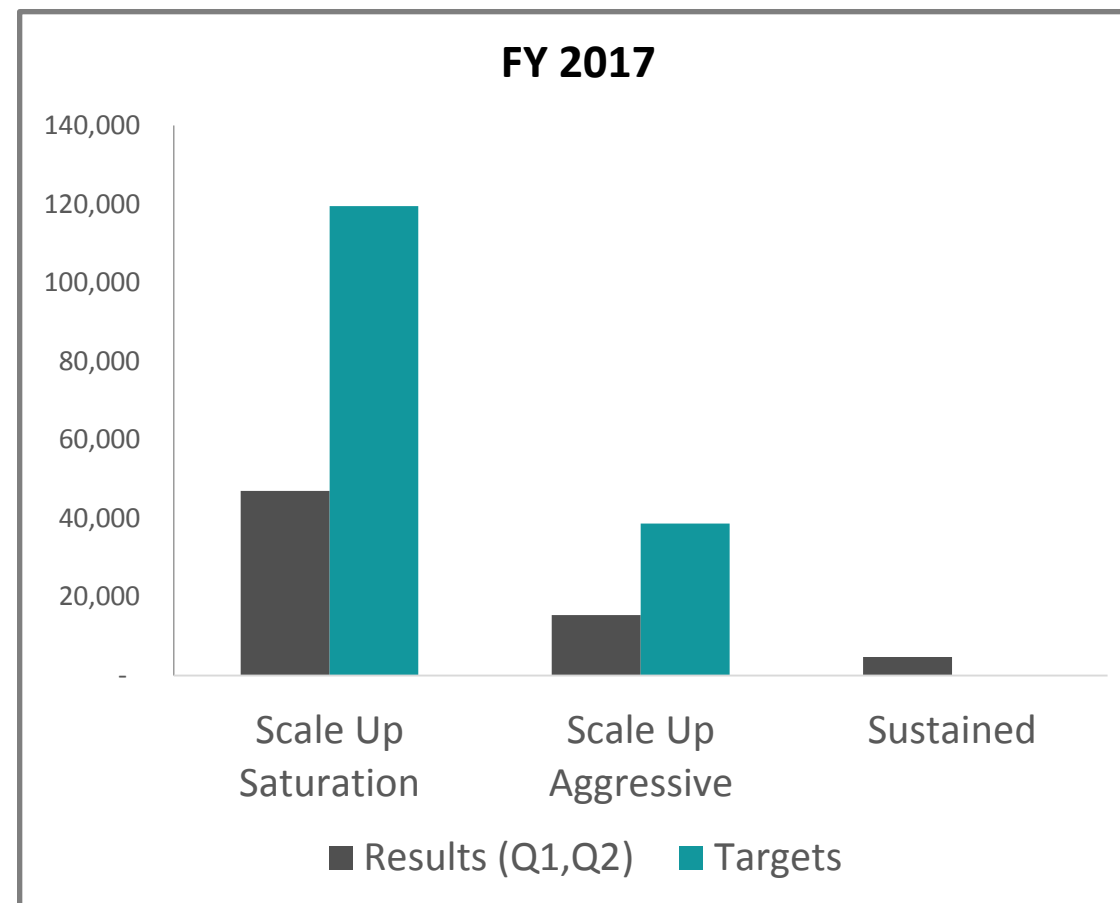
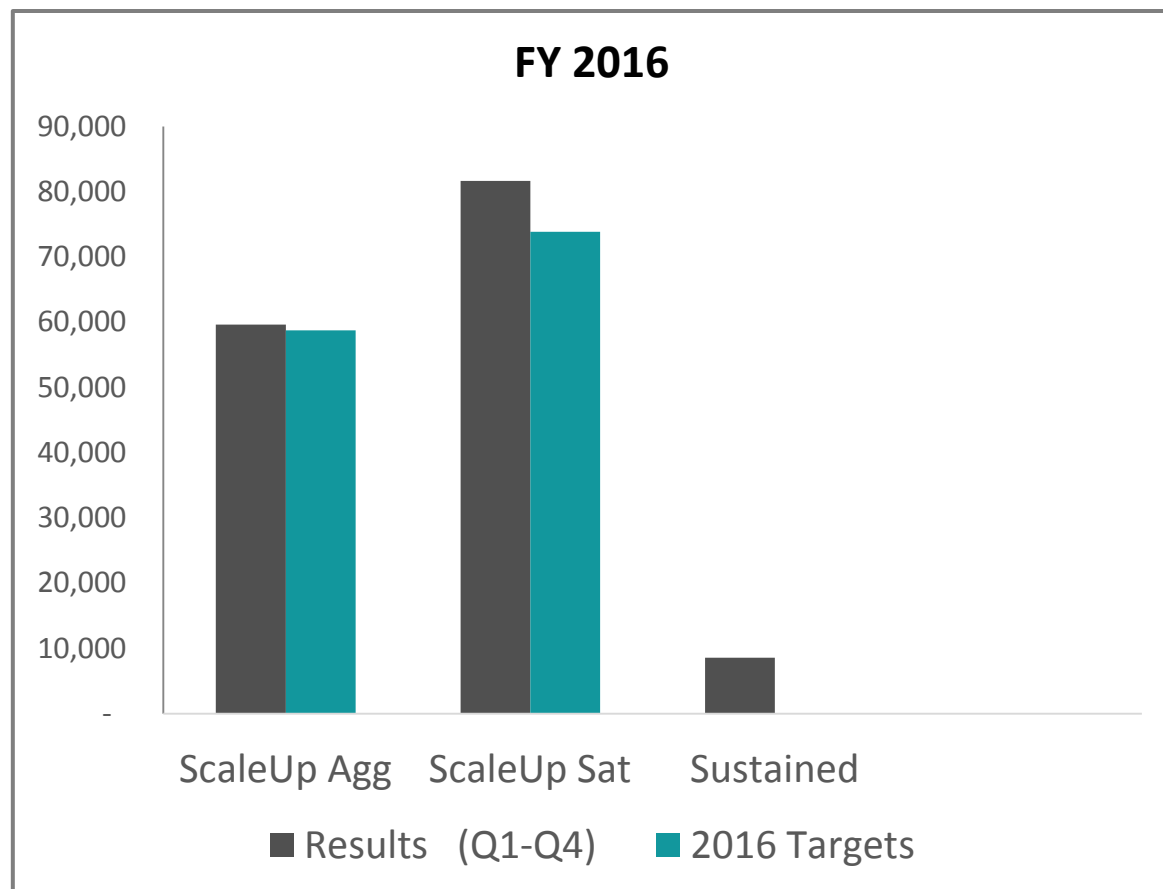
- Targeted HIV testing
- STI screening
- Alcohol & drug screening
- GBV Referrals

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# PEPFAR Tanzania

## PP\_PREV by SNU Category (SAPR 17)



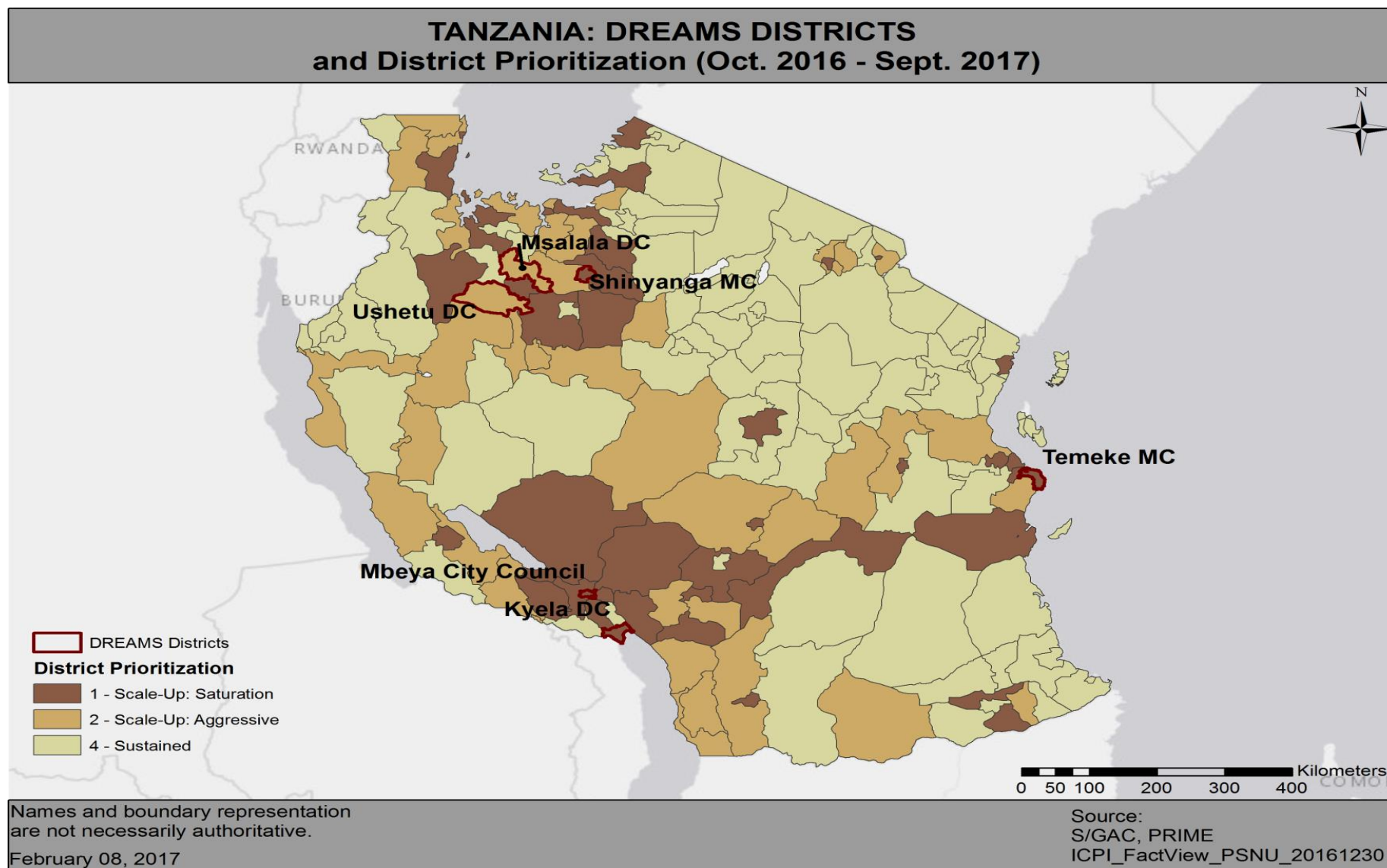
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DREAMS



# Geographic Focus: DREAMS



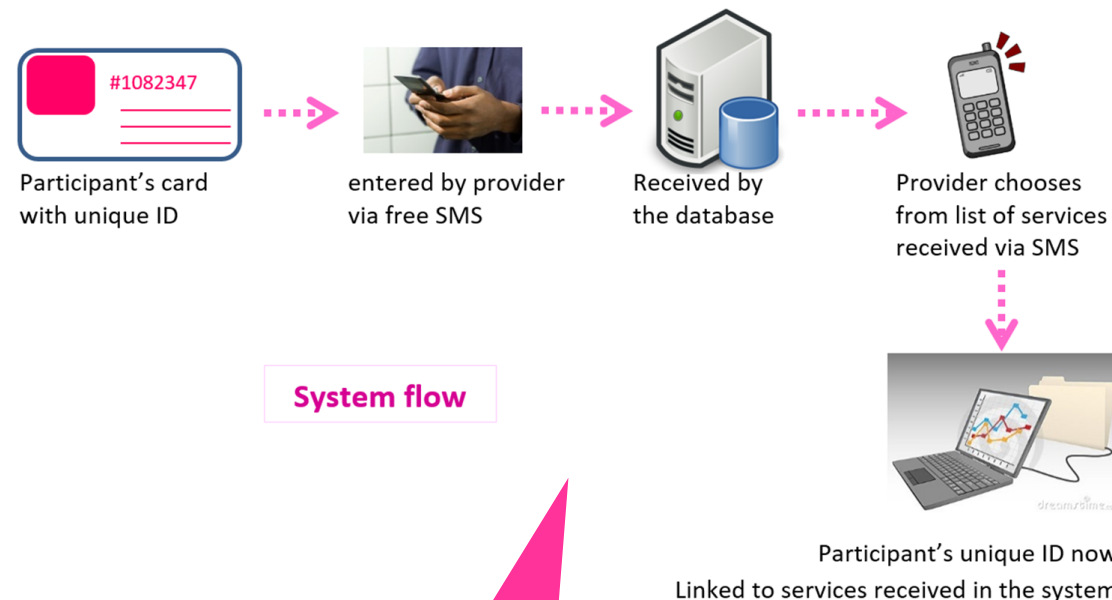
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# COP 17 Strategic Direction for DREAMS

- ‘Deeper and Wider’- Increase targets for coverage within existing SNUs and focus on quality of service with multiple elements
- 10-14: OVC in school, 15-19: out of school & sexually active, 20-24: engaged in high risk/compensated sex
- Continuing from COP 16, track layering via unique identifier

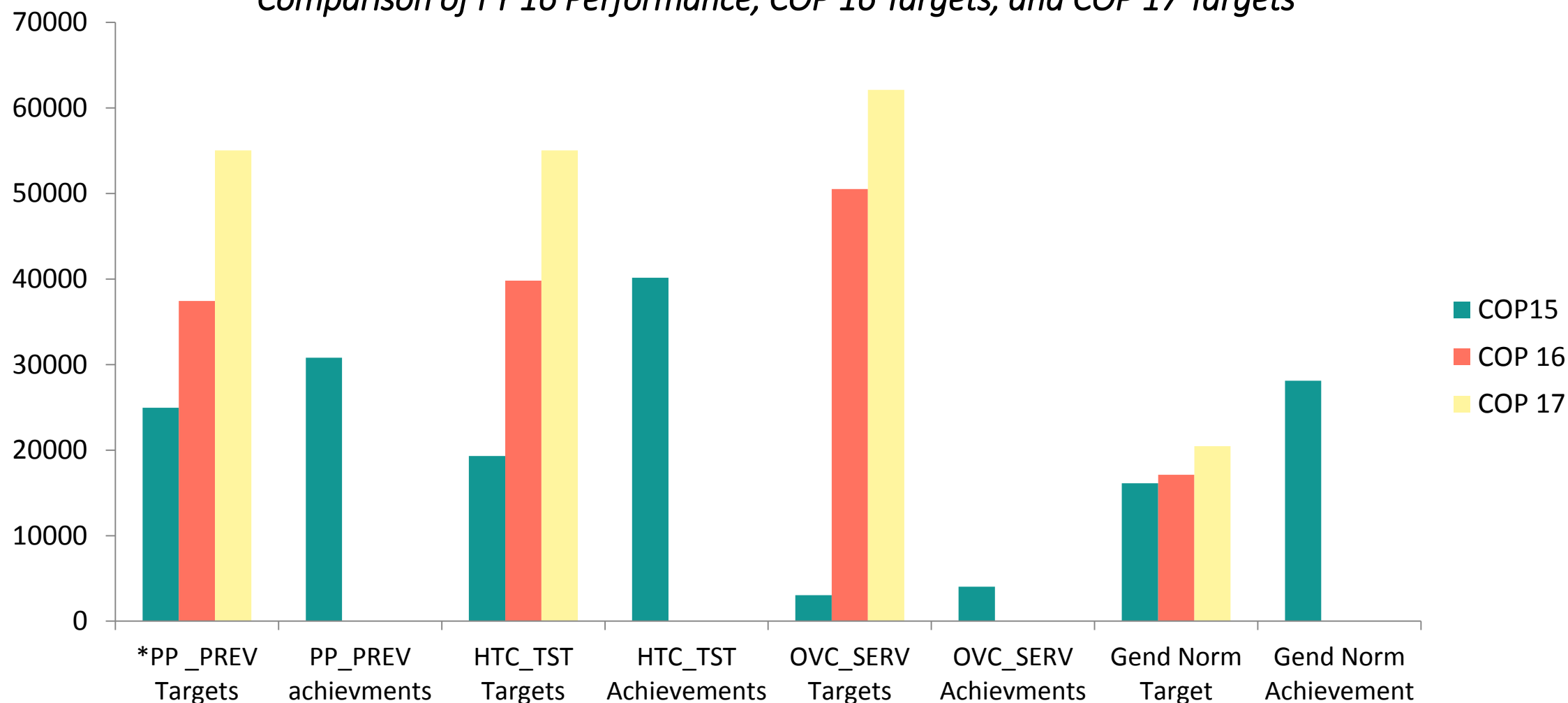


**System to Track  
Service Layering**



# COP 17 Strategic Direction for DREAMS

*Comparison of FY 16 Performance, COP 16 Targets, and COP 17 Targets*



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Thank You