



PEPFAR Tanzania Implementing Partner COP 2017 Out-brief

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May 18, 2017

Re-cap of DCMM Key Messages

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

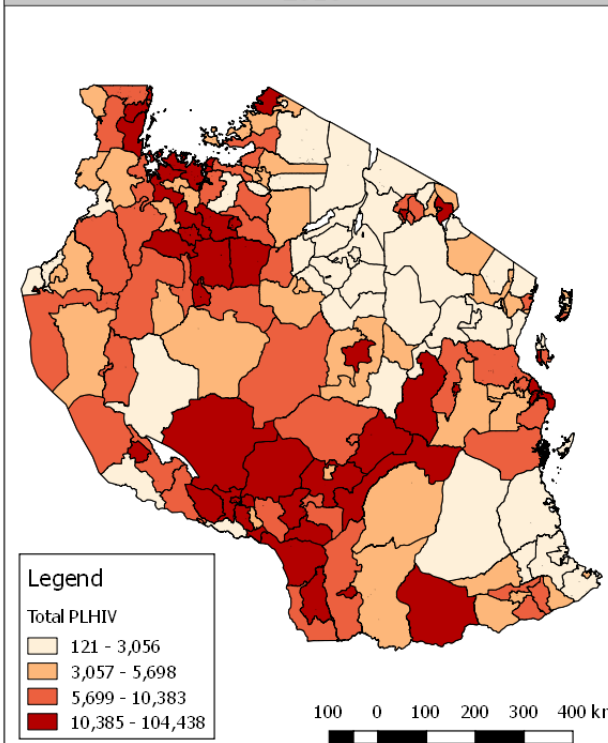
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Status Overview: COP 2016 implementation and country context



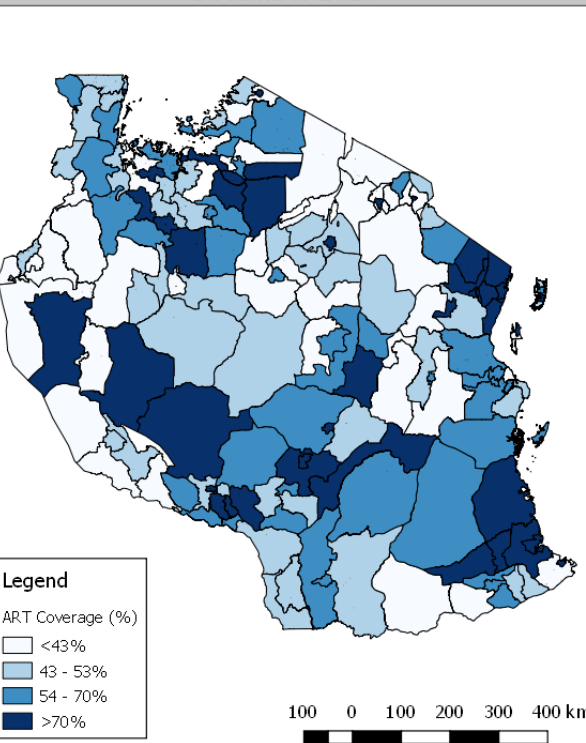
ART Coverage for Adults and Pediatrics, FY17 Q1

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



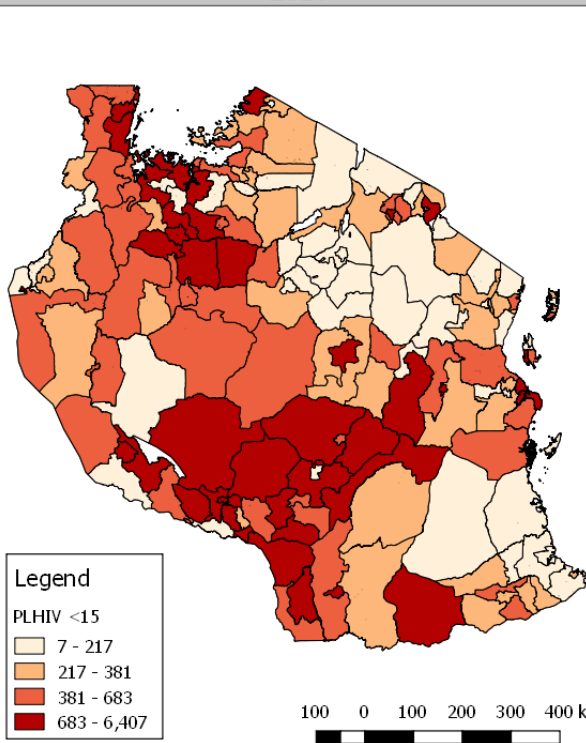
Boundaries not necessarily authoritative
April 13, 2017
Source: Spectrum 2016 National File

PEPFAR Tanzania Council Level ART Coverage, December 2016



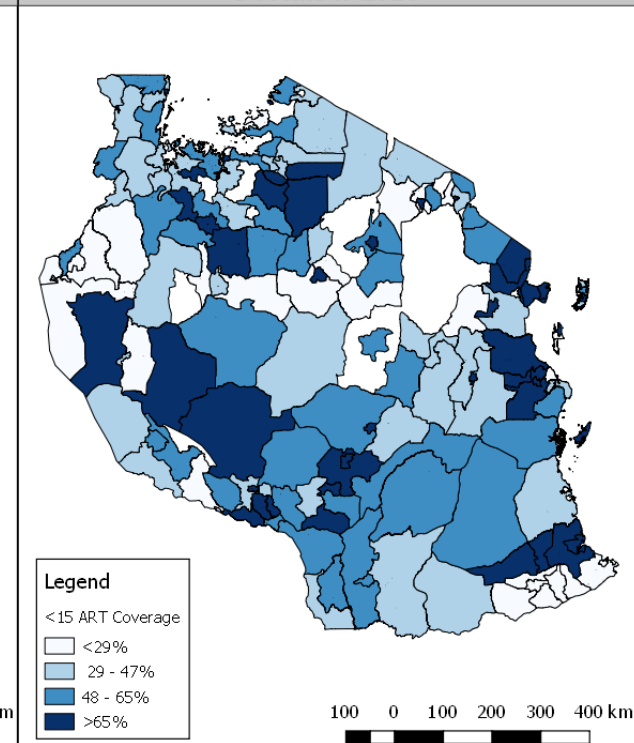
Boundaries not necessarily authoritative
April 13, 2017
Source: DATIM FY17 Q1 PEPFAR Tanzania
ART Coverage = FY17Q1 TX_CURR/PLHIV

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



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

PEPFAR Tanzania Council Level <15 ART Coverage, December 2016

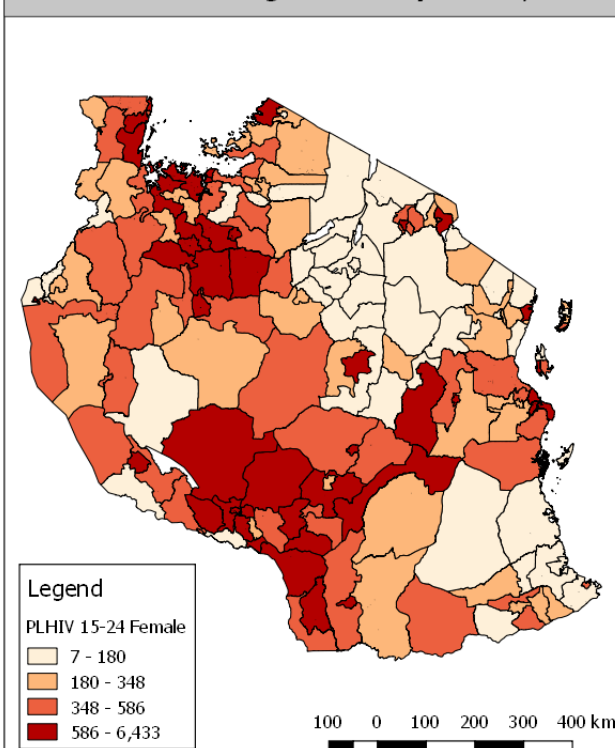


Boundaries not necessarily authoritative
April 13, 2017
Source: DATIM FY17 Q1 PEPFAR Tanzania
ART Coverage = FY17Q1 TX_CURR/PLHIV

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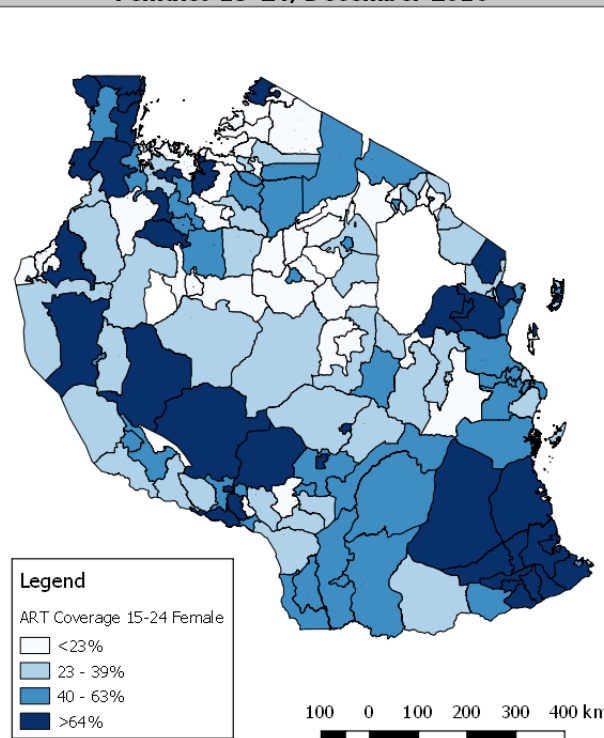
ART Coverage by Sex, Ages 15-24; FY17 Q1

Females 15-24 Living With HIV by Council, 2016



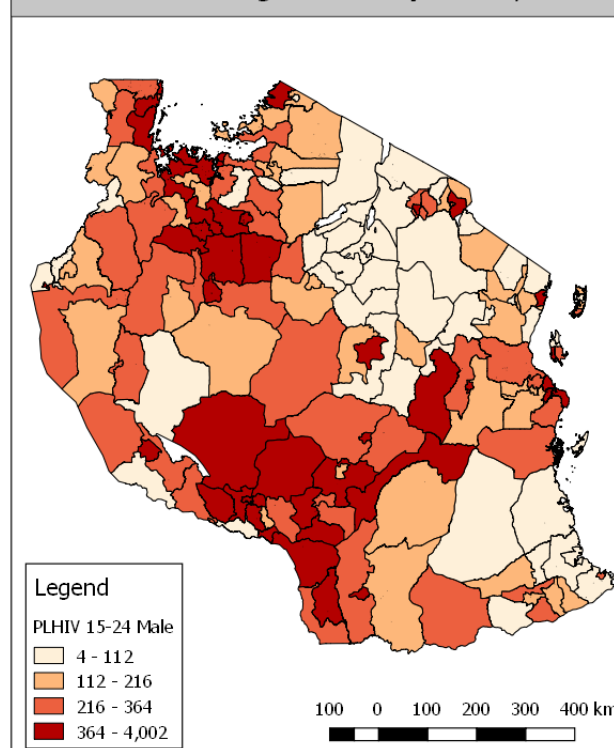
Boundaries not necessarily authoritative
April 13, 2017
Source: Spectrum 2016 National File

PEPFAR Tanzania Council Level ART Coverage for Females 15-24, December 2016



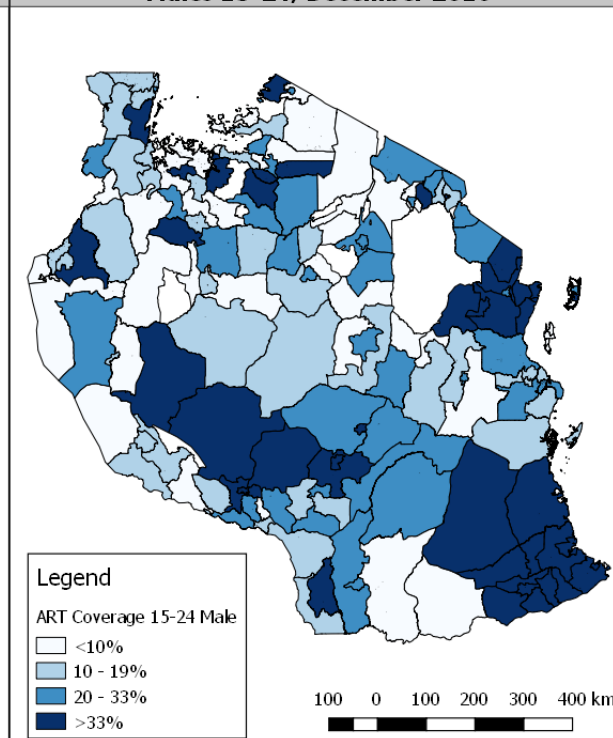
Boundaries not necessarily authoritative
April 13, 2017
Source: DATIM FY17 Q1 PEPFAR Tanzania
ART Coverage = FY17Q1 TX_CURR/PLHIV

Males 15-24 Living With HIV by Council, 2016



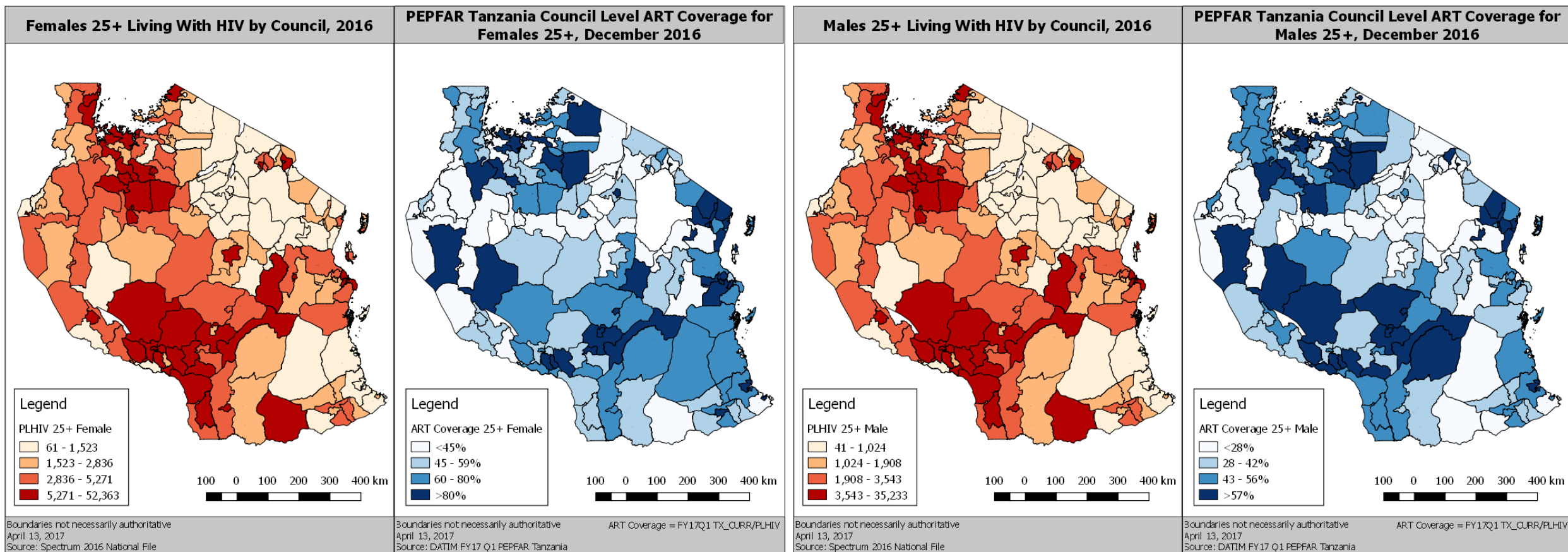
Boundaries not necessarily authoritative
April 13, 2017
Source: Spectrum 2016 National File

PEPFAR Tanzania Council Level ART Coverage for Males 15-24, December 2016



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

ART Coverage by Sex, Age 25+; FY17 Q1



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Policy Overview

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



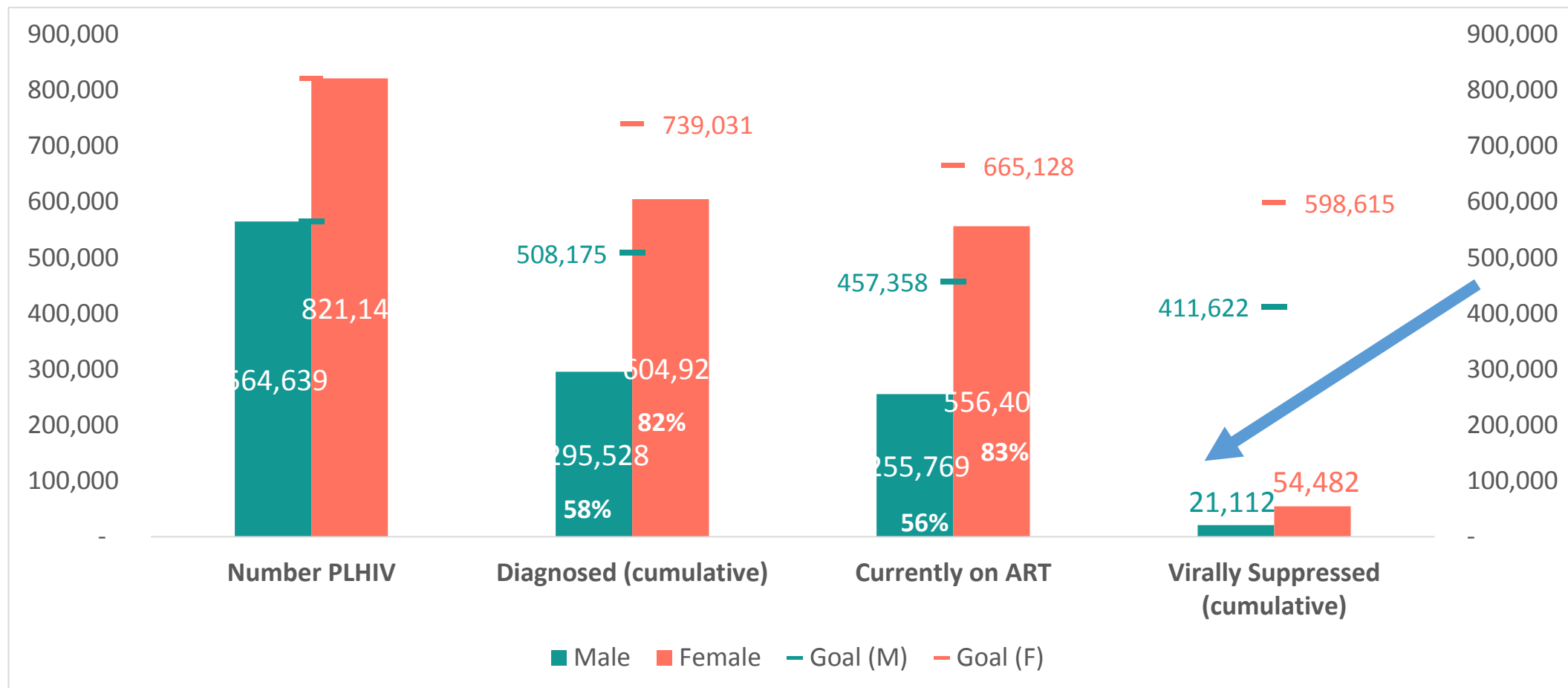
Achievement Against Target and Trend Across Key Indicators for FY 16 and FY 17

| | FY16Q1 | | FY16Q2 | | FY16Q3 | | FY16Q4 | | FY17Q1 | | FY17Q2 | | |
|---------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|-----------|
| Indicators | Result | Cum % Ach | Result | Cum % Ach | Result | Cum % Ach | Result | Cum % Ach | Result | Cum % Ach | Result | FY17 Target | Cum % Ach |
| Tested | 1,034,996 | 25% | 1,452,259 | 60% | 1,888,206 | 106% | 1,879,383 | 152% | 1,581,296 | 24% | 2,207,637 | 6,608,245 | 57% |
| Tested Positive | 55, 283 | 20% | 68,055 | 45% | 77,598 | 74% | 69,233 | 100% | 64,658 | 24% | 80,686 | 306,988 | 47% |
| New on Treatment | 38,968 | 17% | 49,312 | 38% | 51,642 | 60% | 49,170 | 81% | 65,181 | 20% | 62,981 | 319,623 | 40% |
| Current on Treatment | | | 670,824 | 79% | | | 784,995 | 93% | 805,055 | 77% | 839,834 | 1,040,081 | N/A |
| Medical Circumcisions | 71,334 | 13% | 138,456 | 39% | 202,134 | 77% | 107,513 | 98% | 119,421 | 17% | 159,149 | 693,449 | 40% |
| Key Population Prevention | | | 40,707 | 55% | | | 61,993 | 140% | | | 32,834 | 92,796 | 35% |

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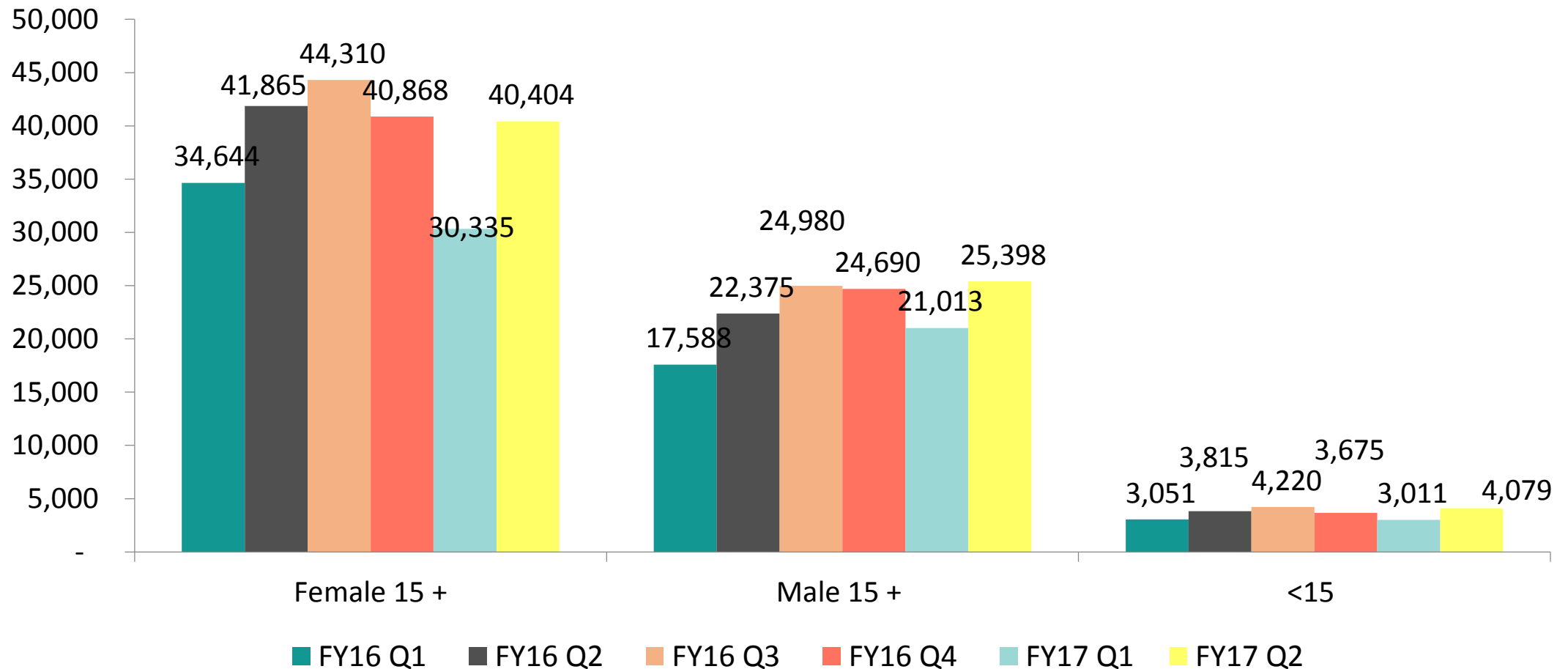
FY17 Q1 & Q2: Progress towards 90-90-90, by Sex



78% viral suppression among those tested, although only 12% VL testing coverage (FY17 Q1)

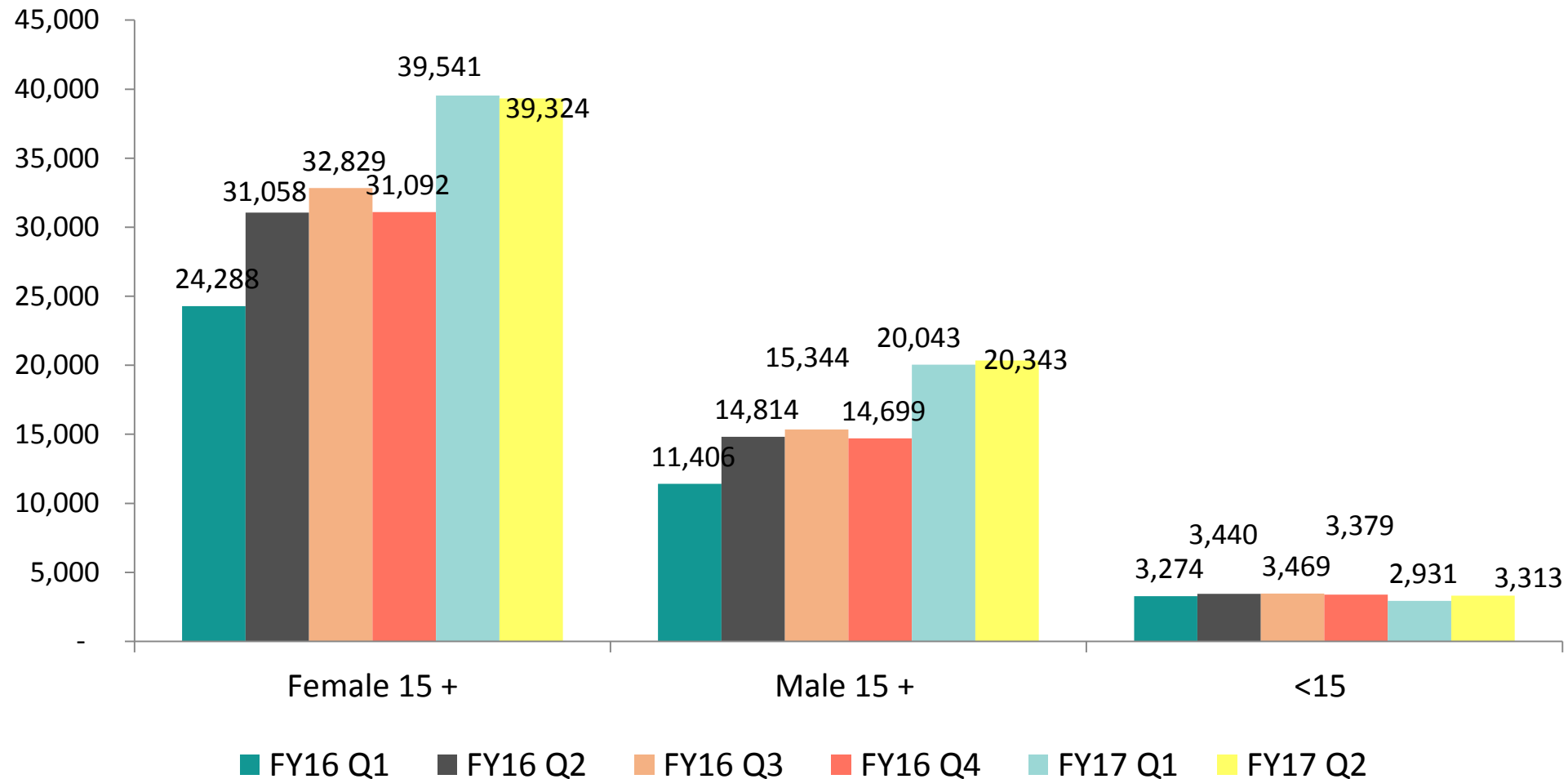


HIV-Positive People Identified: Quarterly Trend by Age and Sex for FY 16 and FY 17 Q1& Q2



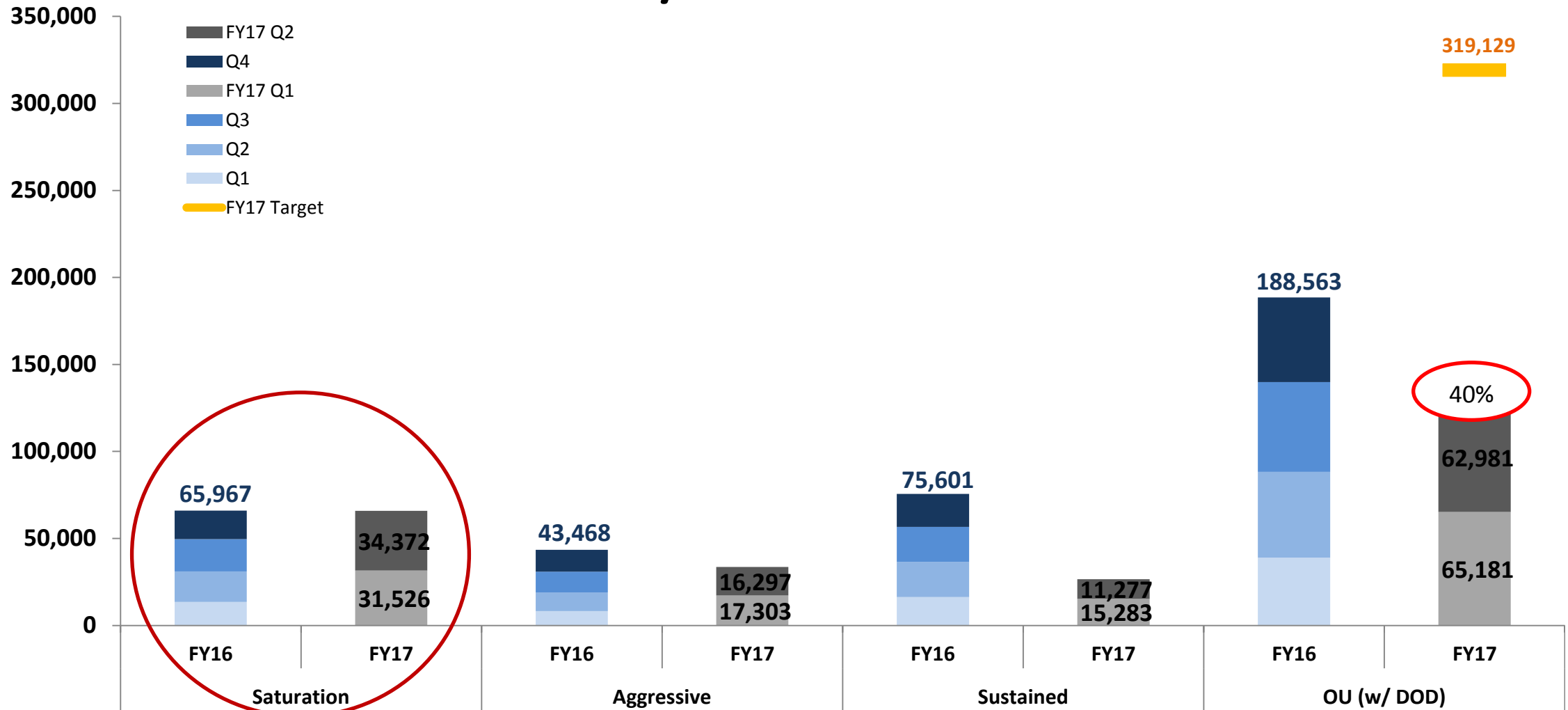


New on Treatment: Quarterly Trend by Age and Sex for FY 16 and FY 17 Q1 & Q2





40% of TX_NEW Target Achieved with Good Results in Priority SNUs – FY17 Q1 & Q2



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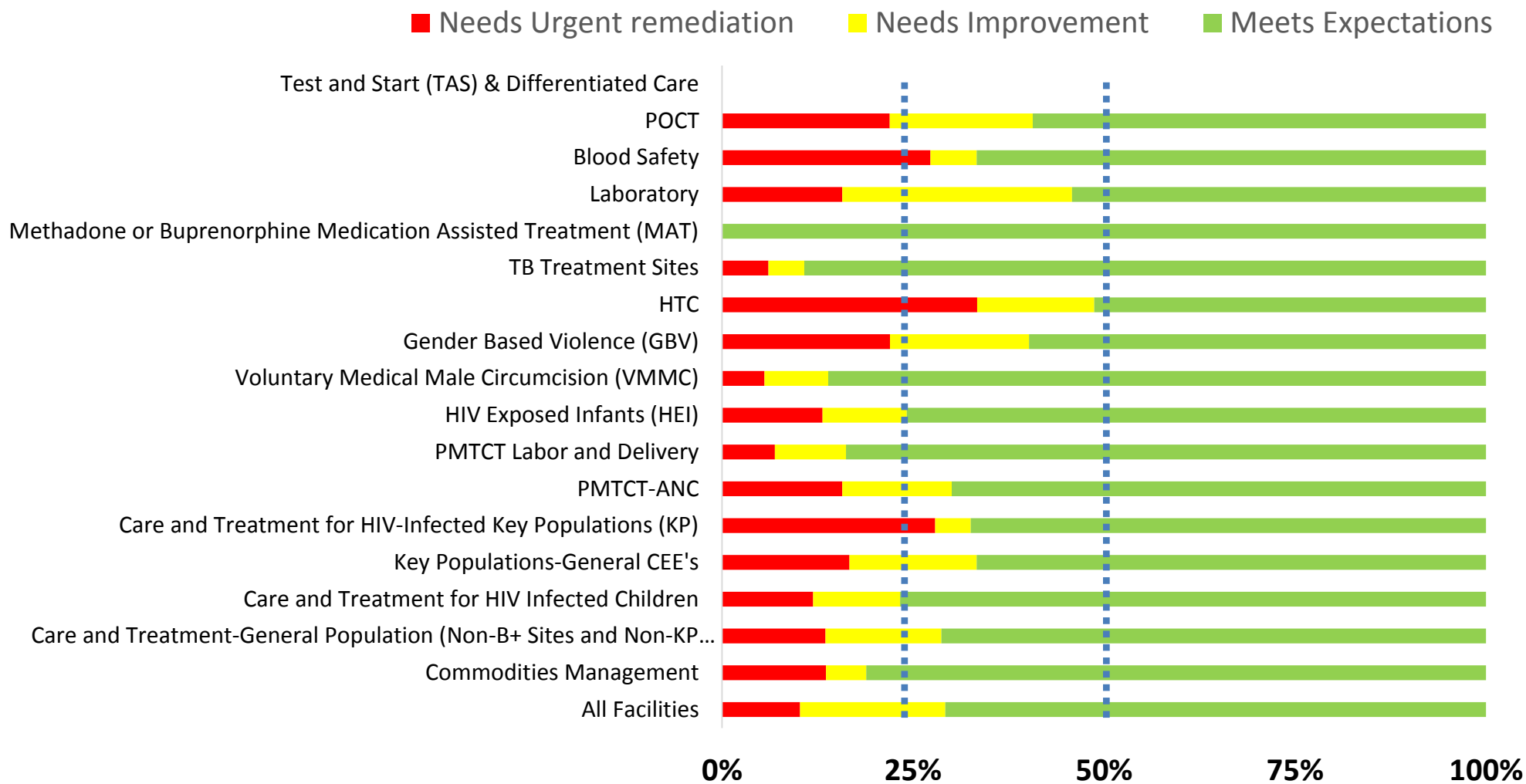


PEPFAR Partner Management Model





SIMS Score Card : FY16 Q3 & Q4 All Sets





PEPFAR-Global Fund Alignment in 2017

- *Joint Planning Commitment*

- OGAC representative in Geneva and Fund Portfolio Manager met with the Minister of Health and other stakeholders to ensure that COP 2017 and the GF Funding Request would be jointly planned using common strategies and data sources

- *DCMM Preparation*

- Global Fund Country Team and Tanzania National Coordinating Mechanism representatives worked with PEPFAR team to prepare the draft COP 2017 tools: Data Pack, PBAC, and Above Site, and participated in pre-DCMM External Stakeholder COP Planning session

- *Post-submission Review and Adjustments*

- Global Fund RSSH team used the ASL framework to prioritize grant proposal activities
- PEPFAR and GOT teams have continued to meet and review the COP 2017 submission while working jointly on the ARV and Lab quantification exercises
- 2 USG participants on the Global Fund Proposal Development Task Force
- USG participation on writing teams for the grant proposals
- Discussion in Joburg focused on agreement by PEPFAR and GF to support commodities for the treatment targets in COP 2017



Civil Society and External Stakeholder Feedback during the COP Approval Meeting

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

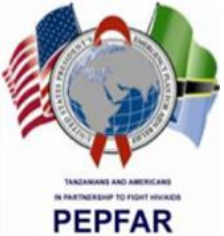
The background of the slide features a dark, muted blue world map. A prominent, thick red ribbon graphic curves across the right side of the image, starting from the top right and extending towards the bottom right. The text "COP 2017 Strategy" is centered in the middle of the slide in a white, sans-serif font.

COP 2017 Strategy



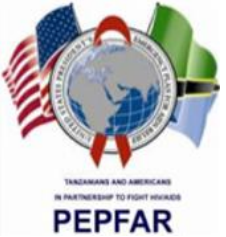
Summary of COP 2017 Targets by SNU Type

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



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

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

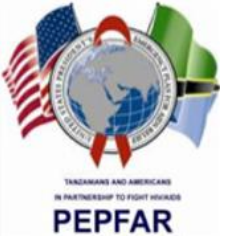


HTS: Direction and Technical Approaches

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

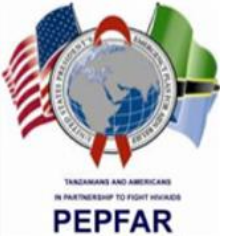
- 1) **Partner notification plus:** testing the partner(s) and family members of PLHIV at the community or in health facilities;
- 2) **Targeted PITC to TB suspects in OPD/IPD:** facility-based partners will work with the MOH to develop site-level standardized process for monitoring and tracking testing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

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Increasing Male Friendly HTS Services

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



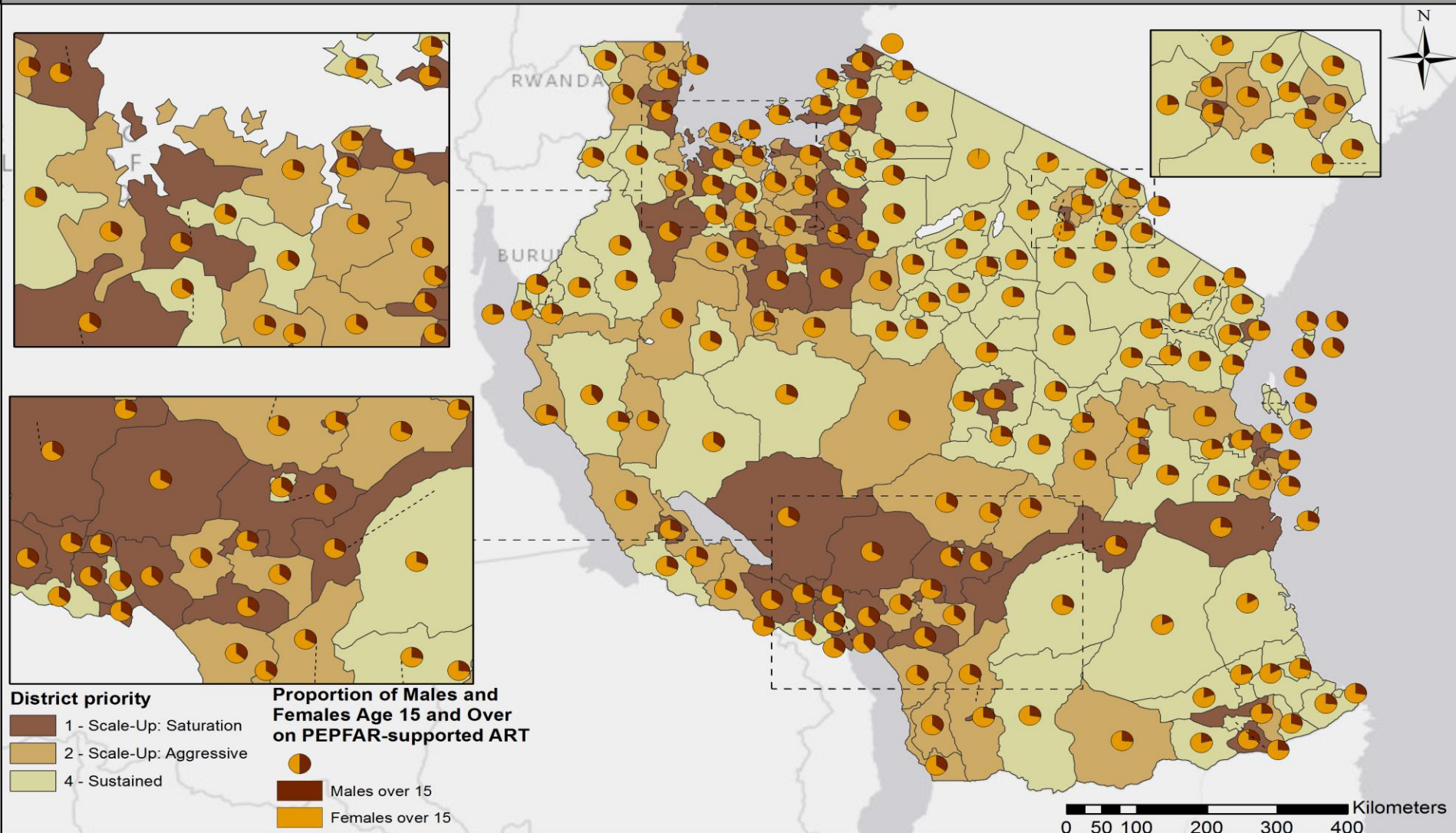
Strategies to improve linkages

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

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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.

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

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

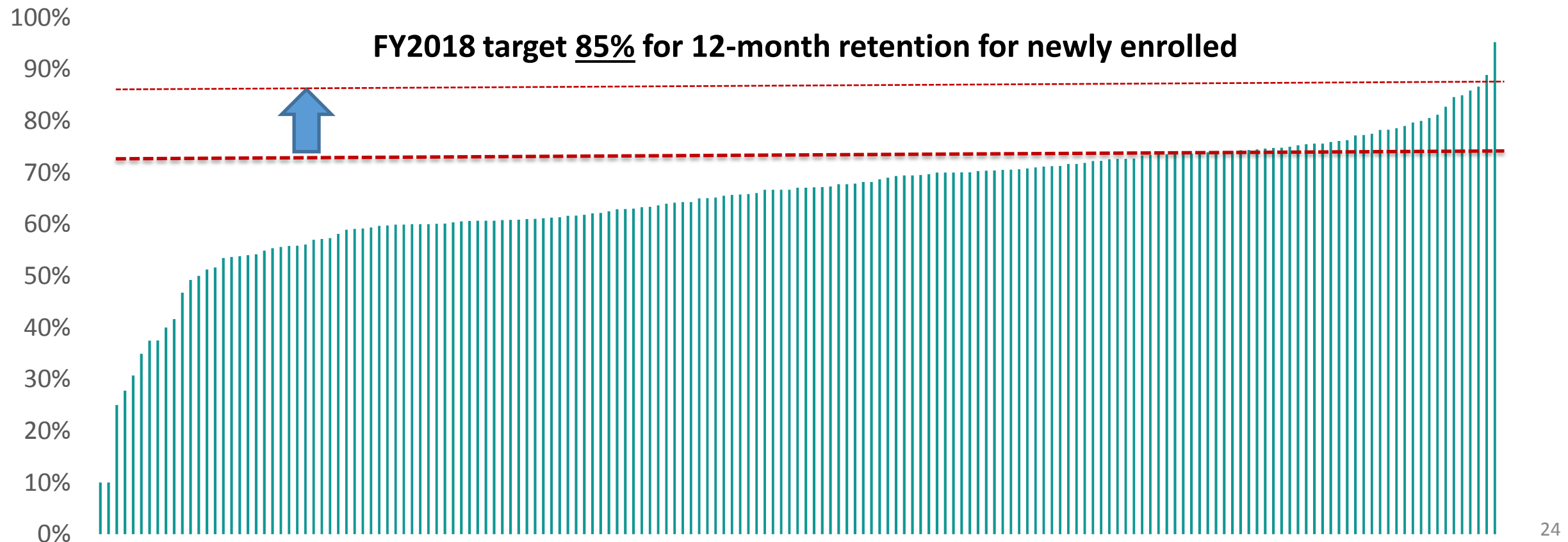
Source: ICPI FactView_PSNU_20161230

January 09, 2017



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

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



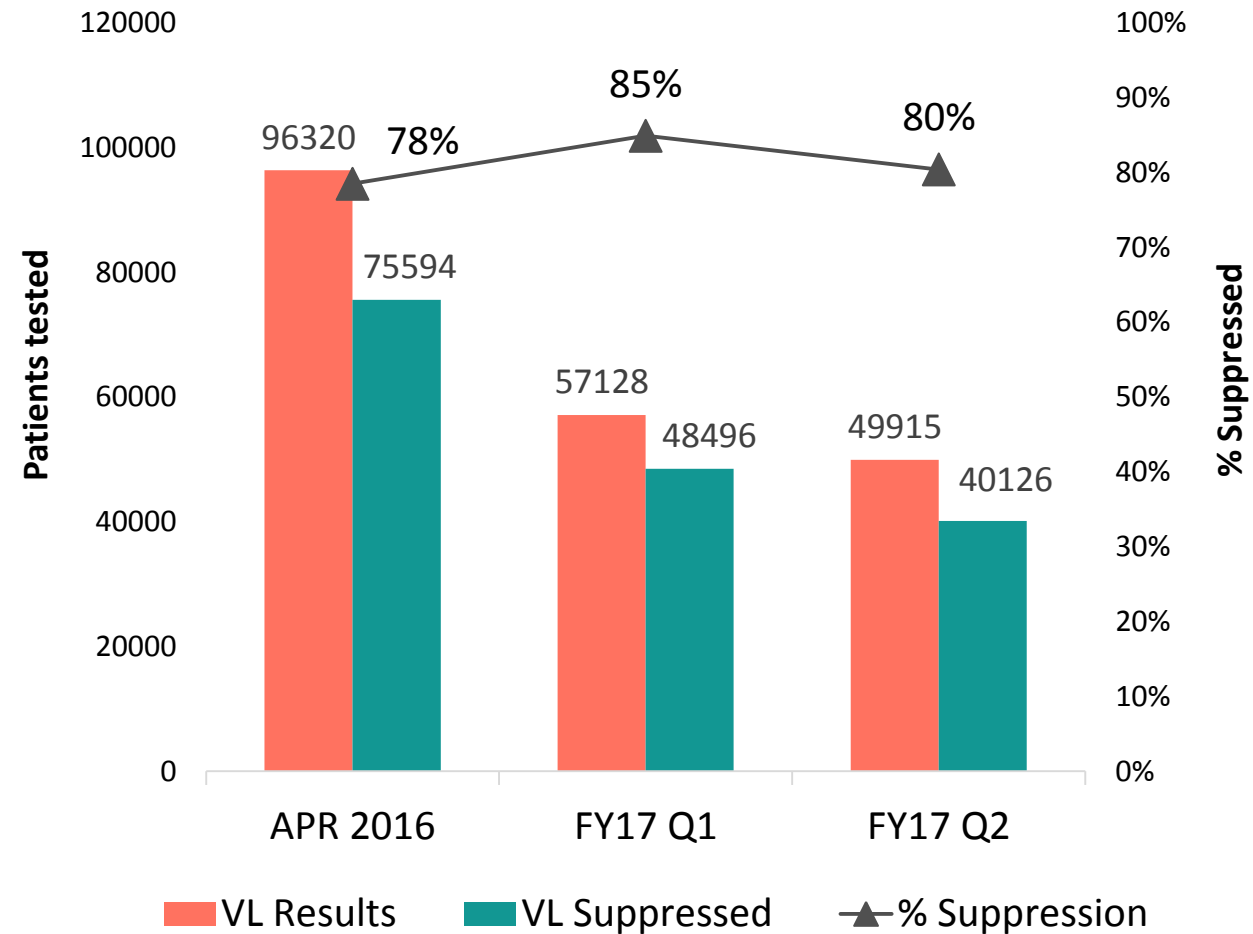


Technical Approaches to Identifying LTFU and Promoting Retention on ART

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



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



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Three Month VL Action Plan (May – July 2017)

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

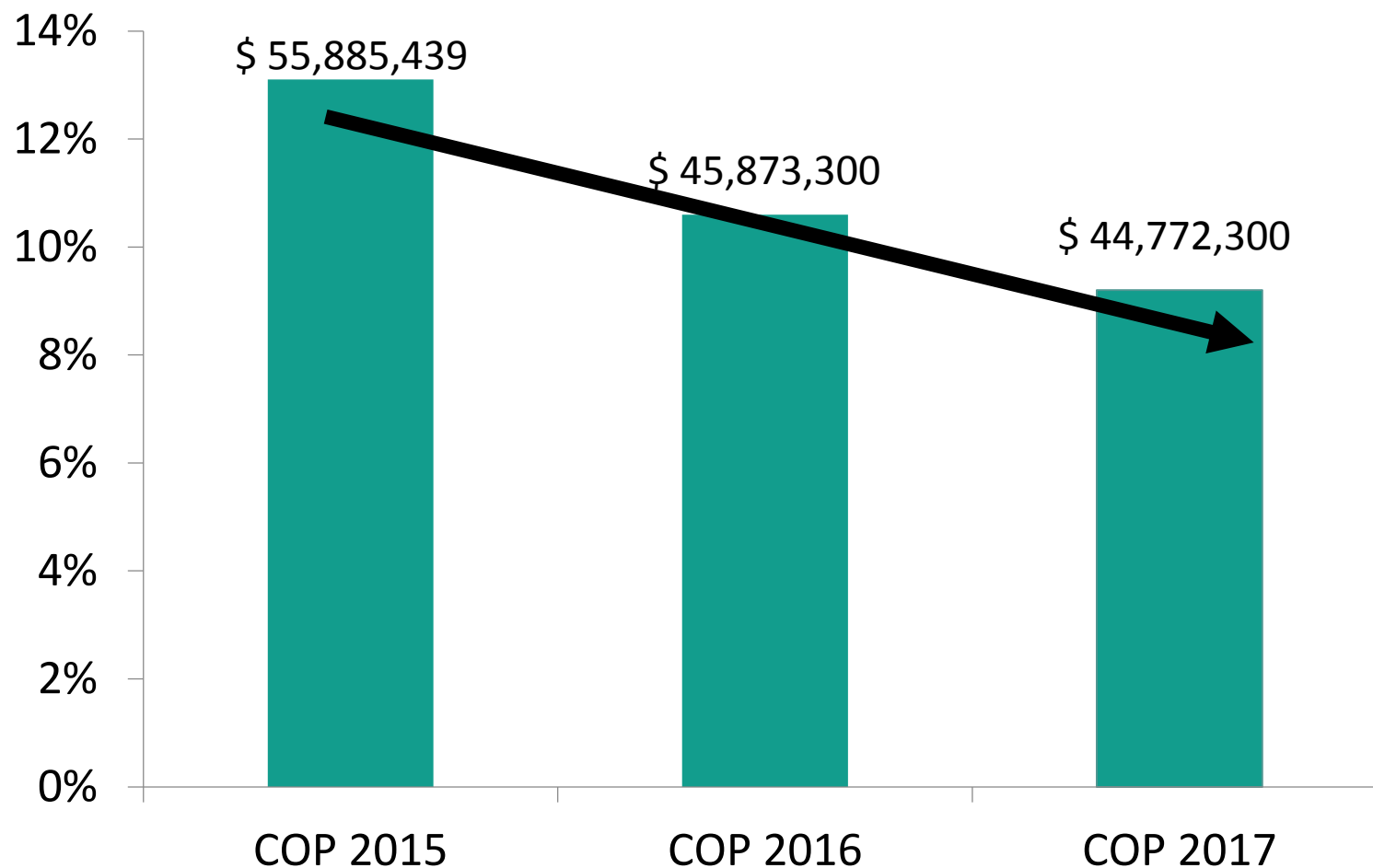
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Above-Site Site Funding Trend Declining as Both a Percent of Budget and Value



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ASL Activities: Client Level Data Systems, Aggregate Reporting

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

Achievements to Date

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

Expected Three Year Outcomes

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

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ASL Activities: Finance and Transparency

Barriers: Systems, Governance, Finance

Achievements to Date

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

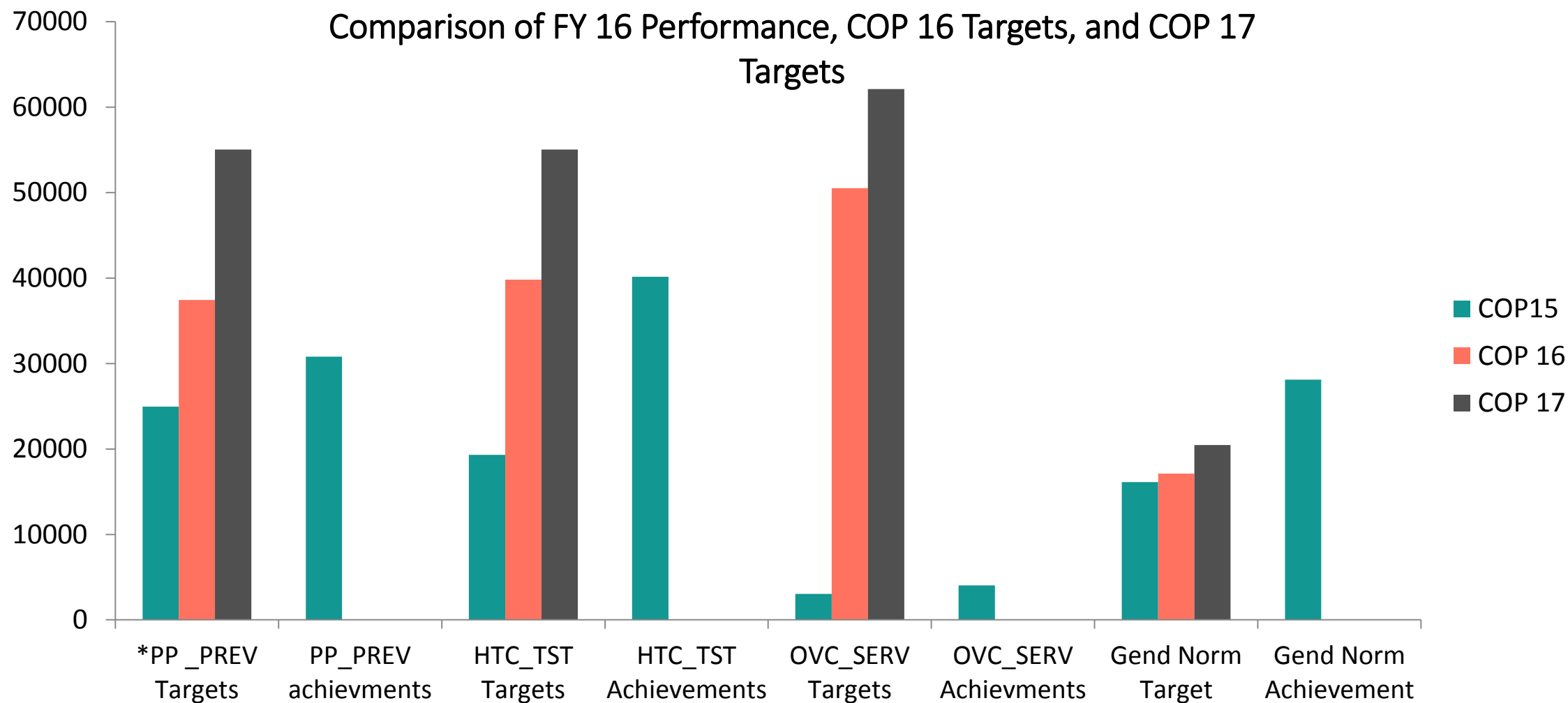
Three Year Outcomes

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

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DREAMS Targets and Results



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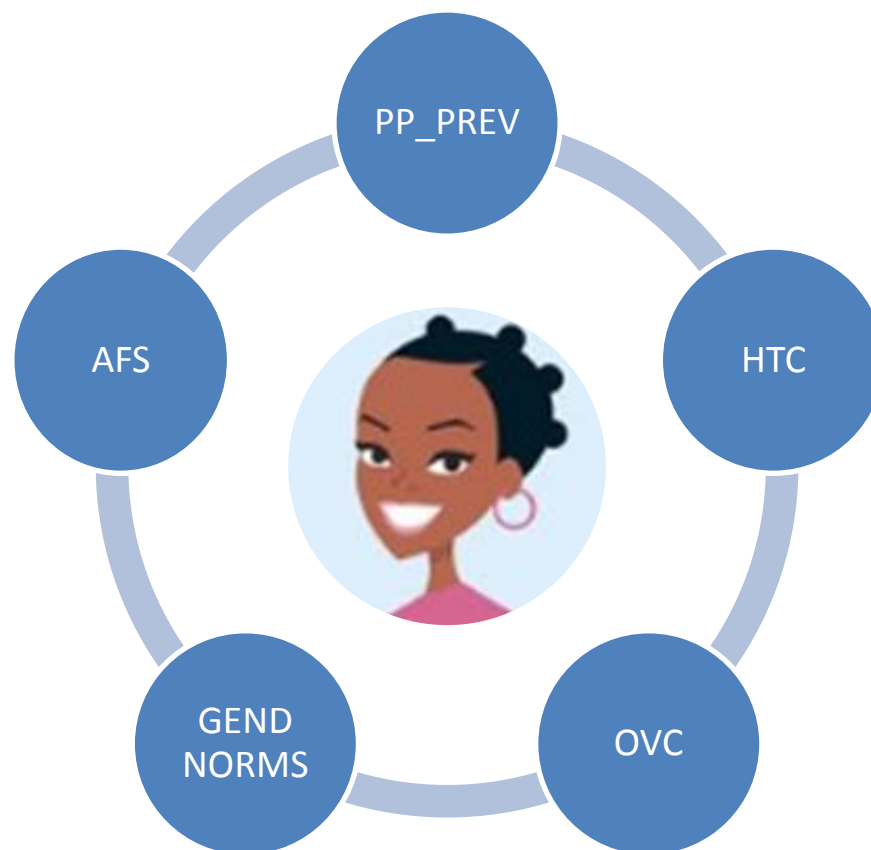


Layered DREAMS Prevention Package: Women <30

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

- Scale up Adolescent-friendly health services

Structural interventions
community level
norms change



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

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

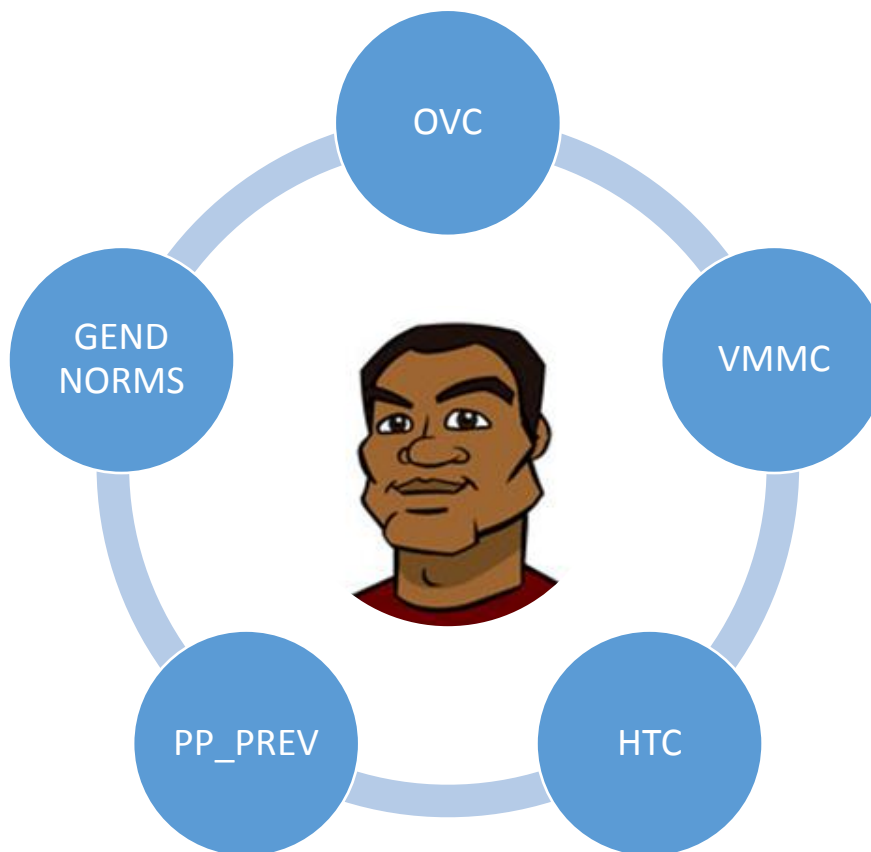
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Layered Prevention Package: Men <30

- Community based gender norms training (GBV prevention)

- Condom Promotion & provision
- Links to testing



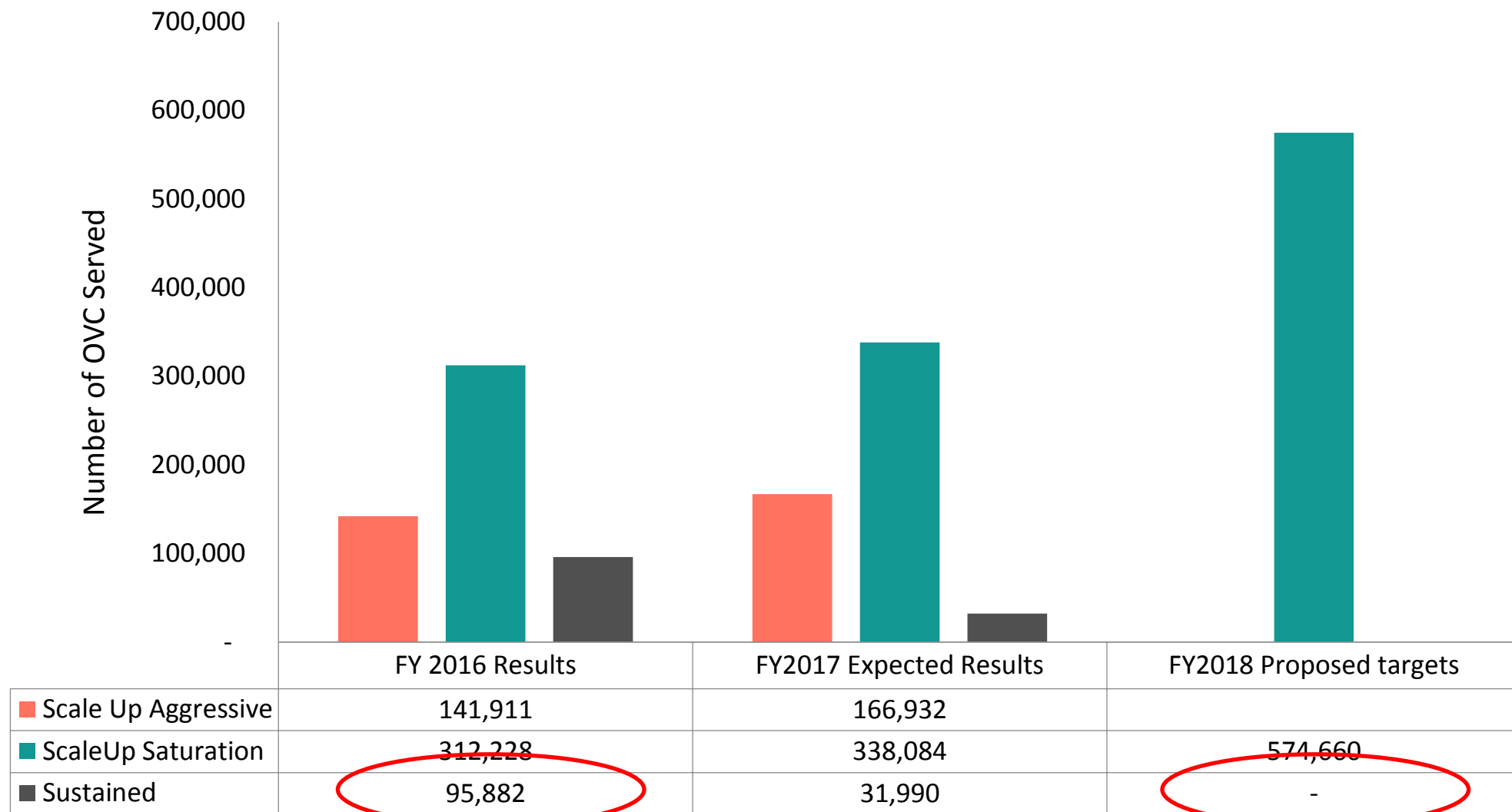
- Economic strengthening
- Parenting Education
- GBV referrals
- Links to health

- Male circumcision
- Targeted BCC messages through SMS

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



OVC: Geographic Shifts and Targets



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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



PrEP for FSW and AGYW in COP 17

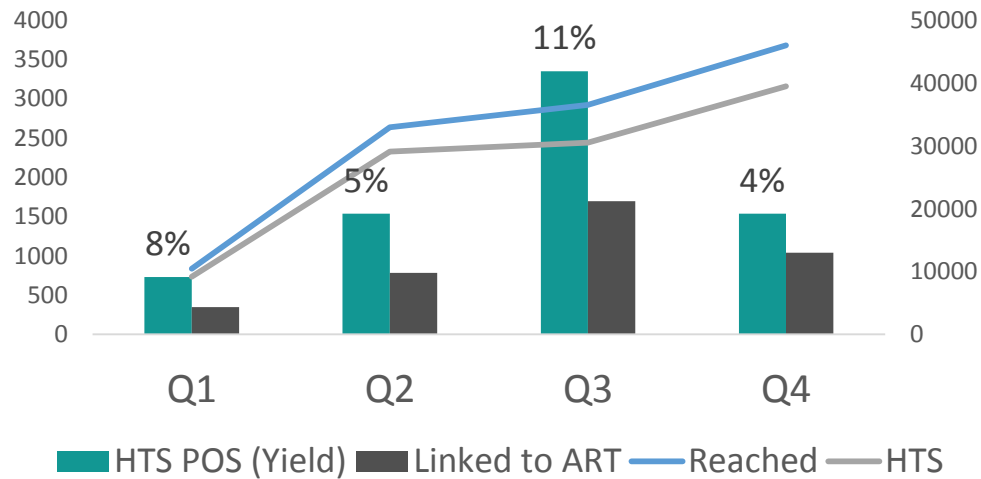
| SNU Category | Total SNUs | Target |
|---------------------|------------|--------|
| Scale-Up Saturation | 16 | 11,778 |
| Attained | 1 | 298 |
| Total | 17 | 12,076 |

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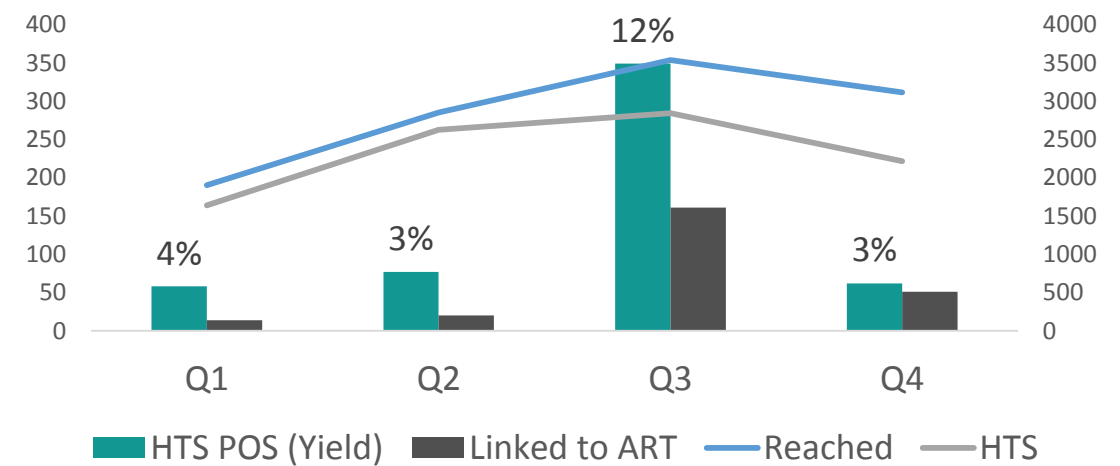


Key Populations HIV Cascade by Type: FY 16

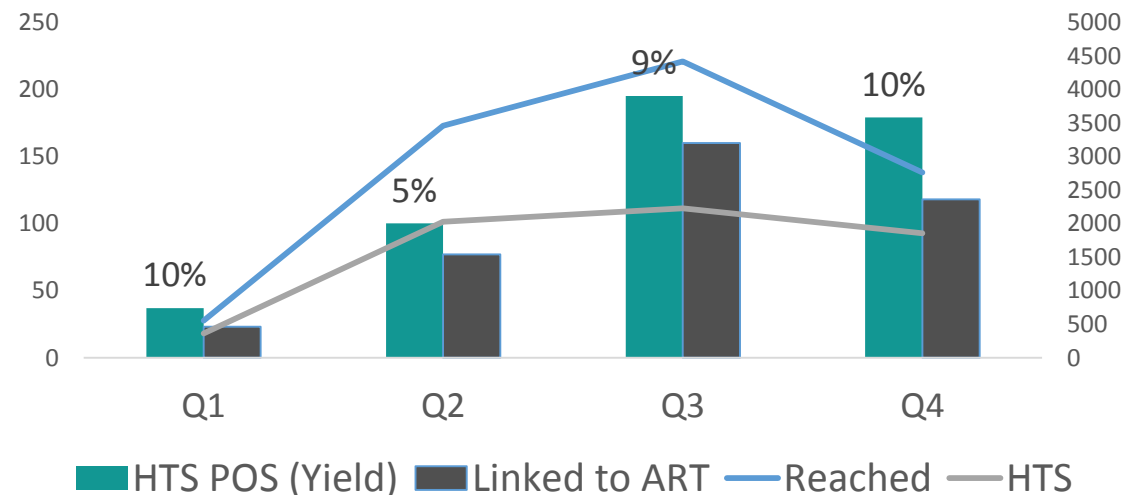
FSW Cascade FY 16



MSM Cascade FY 16



PWID Cascade FY 16





COP 17 Key Populations Cascade Targets

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

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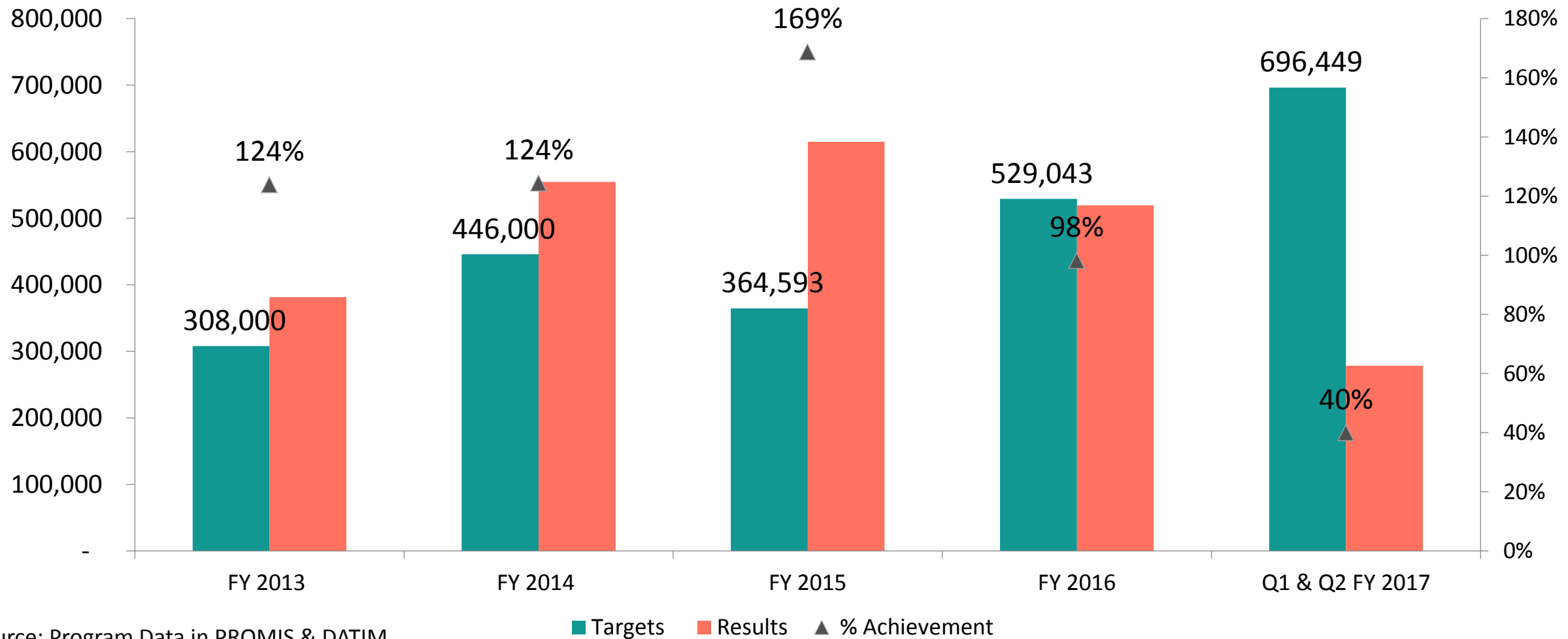


VMMC: Key Decisions

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



VMMC Performance FY 13 – FY 17 Q1 & Q2



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Annual Investment Profile by Program Area

Table 2.2.1 Investment Profile by Program Area

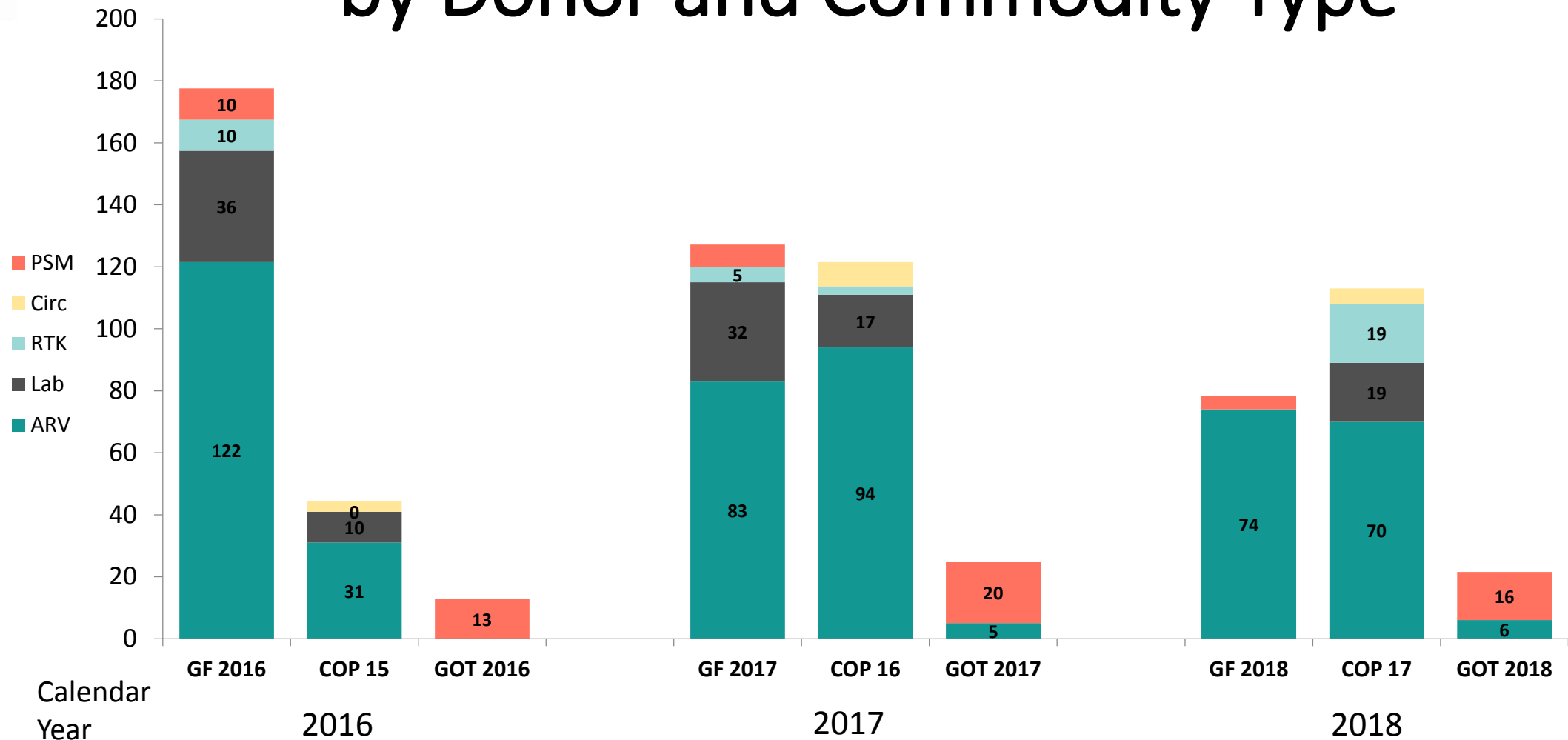
| Program Area | Total Expenditure | % PEPFAR | % GFATM | % GOT* | % Other |
|---|-------------------|----------|---------|--------|---------|
| Clinical care, treatment and support | \$227,787,733 | 53.8% | 42.8% | 3.4% | 0.1% |
| Community-based care, treatment and support | \$30,048,113 | 100% | 0%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

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

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Trends of Investments by Donor and Commodity Type



Source: Global Fund and PEPFAR Historical and Projected Budgets

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COP 2016 vs COP 2017 Budget Code Totals

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



Earmark Allocations

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

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

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Tanzania COP 2017 Areas of Strategic and Technical Focus

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



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