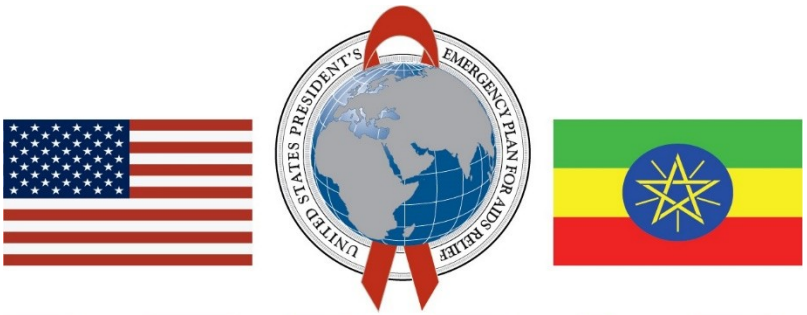

PEPFAR

U.S. President's Emergency Plan for AIDS Relief

PEPFAR Ethiopia
Country Operational Plan (COP) 2023 Year 2
Strategic Direction Summary - Addendum
4 March 2024

Summary

In Year 2 of the country operational plan (COP) 23, PEPFAR-Ethiopia (PEPFAR-E) will continue focusing on recovery of HIV services and the ART cohort in conflict affected areas, attaining our 95-95-95 targets, sustaining progress made to date, and advancing the sustainability of PEPFAR programs in the face of ongoing conflict.

Ethiopia continues to make progress in its efforts to achieve HIV epidemic control, despite challenges. Currently, the two largest geographic regions (Oromia and Amhara) are severely impacted by an on-going civil conflict. These 2 regions constitute 60% of the total population and 59% of the HIV treatment cohort across the country. Due to intensified fighting, nearly 4 million people are currently displaced across the country. Additionally, Ethiopia is experiencing drought, flooding, and a surge of disease outbreaks, including cholera, malaria, and measles. According to the updated 2024 Spectrum HIV Estimates for Ethiopia indicate that in the year 2023 there were 605,523 Ethiopians living with HIV, 90% of the PLHIV were aware of their HIV-positive status, 94% of those aware were on ART, and 96% of those on treatment were virally suppressed. PEPFAR-E's operational plan will make strategic adjustments to address known gaps and inequities, continue to build resilient systems, and account for constantly changing data around conflict and other health system challenges. PEPFAR-E is developing tailored geographic support strategies through non-conflict/ conflict/ post-conflict interventions.

To address the gap in the first 95, PEPFAR-E will prioritize evidence-based case-finding beyond index case testing interventions for children, adolescents, women above age of 50 years, hard-to-reach men, and gender-based violence survivors. In FY25, PEPFAR-E's programs will shift resources to identify hard to reach populations through enhanced index case testing, social networking, and initiation of PWID related activities.

The HIV treatment cohort continued to grow in FY23 and FY24Q1. However, disparities in treatment coverage continue to exist by geography, age, and sex. PEPFAR-E will prioritize regions that are falling behind in treatment coverage, especially the regions recovering from or undergoing conflict. Also, PEPFAR-E will use the results FY24 IBBS surveys to improve case-finding, linkage to care, and treatment for key populations.

PEPFAR-E will support several new approaches in FY25. One major area of focus is to improve coordination with government, donors, and stakeholders to support gender-based violence initiatives in Tigray and other conflict-affected areas. PEPFAR-E has reallocated resources to provide more financial and programmatic flexibility in pre-/during-/post-conflict affected regions. Also, through the TB Acceleration Plan, PEPFAR Ethiopia is providing technical assistance to modernize and improve TB case detection among PLHIV. Finally, in FY25 PEPFAR-E will collaborate with government, civil society organizations, and other stakeholders to move the sustainability agenda forward.

1.1 Year 2 Shifts and New Activities

People Affected by Gender-Based Violence (GBV)
Conflicts in Tigray, Amhara, and Oromia have led to a surge in gender-based violence (GBV). Shattered social services, including the healthcare system and cultural contexts continue to disadvantage individuals seeking services within this area. These circumstances have led to an increased need for mental health and psychosocial support services (MHPSS) for GBV survivors and providers. In COP23 Year 2, PEPFAR-E will significantly increase its coordination

and collaboration with humanitarian, NGOs, and other donor partners working on GBV programming. Collaborating with external partners will enable strong linkages between HIV and GBV services.

The conflict has also impacted mental health for patients and providers alike. To address this critical need, PEPFAR-E will collaborate with the Ministry of Health (MOH) to train healthcare workers on providing robust MHPSS in humanitarian settings and focus on self-care for Community Health Workers (CHWs). This training will equip more health professionals with the skills to meet the basic mental health needs of survivors, including counseling, medication prescription, and referrals, both at health facilities and in camps for internally displaced persons (IDP camps). Additional training on self-care practices, stress management techniques, and secondary trauma is also mandatory for HCP working at the GBV clinics. Furthermore, this initiative presents an opportunity to integrate MHPSS with other healthcare services through task-sharing, ensuring holistic care for GBV survivors and maximizing the impact of available resources.

GEND GBV MER data from FY 22 and FY 23 indicates a significant number of children under 18 experiencing sexual violence. Additionally, PEP uptake in this vulnerable age group remains alarmingly low (34%). A violences against children survey (VACS) was conducted in Ethiopia in 2022. Data will be shared widely with researchers, policy makers and stakeholders working on violence against children once the report is officially released. PEPFAR will also use the data to inform and improve existing programs and also design strategies to address the need of child survivors. This necessitates tailor-made prevention campaigns such as “Every Hour Matters” and response programs specifically designed for pediatric survivors. PEPFAR-E will continue to collaborate with relevant stakeholders in strengthening pediatric corners in the available One-Stop-Centers and advocate for the urgent establishment of a pediatric specialized One-Stop-Center at Black Lion Hospital.

People Who Inject Drugs (PWIDs)
In Ethiopia, PWID are not being reached with comprehensive HIV services. The Ministry of Health has established a national PWID TWG, developed a guideline for PWID program in Ethiopia which includes adding methadone and naloxone to the national essential drug list, and development of a training package for health care providers. In COP23 Year 2, PEPFAR-E will initiate a demonstration PWID project in Addis Ababa at community and facility levels.

Pediatric Services
PEPFAR-Ethiopia will use a data-driven approach to intensify support for SNUs with a higher CLHIV burden and enhance its technical assistance to transition regions with a high CLHIV burden. As part of LIFT UP implementation during COP23 Year 1, PEPFAR-E will ensure tailored and friendly approaches for adolescents who are on anti-retroviral therapy to receive care and support, in addition to testing. Post-LIFT UP implementation, PEPFAR-E will review the data, successes, and challenges, and determine how to integrate LIFT UP into regular programming. Finally, PEPFAR-E will strengthen collaboration with community led monitoring (CLM) and other stakeholders as well as non-PEPFAR entities working on childhood health programs to study and understand key barriers preventing the HIV program from meeting its goals across the pediatric cascade.

Prevention of Mother-to-Child Transmission (PMTCT)
To enhance the effectiveness and efficiency of HIV and syphilis testing, PEPFAR-E has planned to initiate cascade training aimed at the comprehensive implementation of dual testing for both infections. This approach ensures a more thorough screening process, thereby improving early

detection and treatment outcomes. Acknowledging the vital role of private Maternal and Child Health (MCH) centers in preventing mother-to-child transmission (PMTCT) initiatives, PEPFAR-E is actively supporting their involvement in the PEPFAR program. By fostering collaboration with private healthcare providers through MOH and RHBs led capacity building activities, PEPFAR-E aims to expand the reach and impact of PMTCT services within the community.

Recognizing the critical importance of early infant diagnosis (EID) in preventing mother-to-child transmission of HIV, PEPFAR-E will adjust testing protocols to include EID testing at birth. This proactive measure aims to promptly identify HIV-positive infants and initiate necessary interventions for their well-being. Community partners through active collaboration with PMTCT teams at the health facilities will enhance community based PMTCT activities, focusing on demand creation for health facility delivery, improving retention in care and adherence to treatment among HIV positive pregnant women and mothers. This includes the use of digital bi-directional referral systems and implementation of community-based SMS reminders targeted at these priority groups. By leveraging these technologies, PEPFAR-E aims to strengthen communication channels and facilitate timely access to facility-based care and treatment services.

To ensure our data collection aligns with global standards and best practices, PEPFAR-E is in the process of revisiting and updating the indicators within the District Health Information System 2 (DHIS2) framework to be consistent with the PEPFAR data reporting requirements. Furthermore, PEPFAR-E is enhancing our electronic medical record (EMR) systems to introduce a new PMTCT module, which includes structured follow-up procedures for HIV-exposed infants (HEI). This integration will ensure comprehensive monitoring and timely intervention for HEIs, contributing to improved health outcomes.

OVC Services

To achieve HIV pandemic control goals, attention will be paid to maintaining and strengthening clinical and OVC relationships, enhancing targeting, and maintaining and OVC Comprehensive and OVC Preventive programming. Continue to emphasize the following: the government's and local partners' leadership; the value of clinic-community relationships; the prioritization of youth aged 10 to 14 for violence prevention programs; and the application of differentiated service delivery (DSD) models to close gaps in the pediatric HIV cascade.

The Comprehensive OVC Program will persist in prioritizing children who are currently receiving HIV treatment (particularly those who have just initiated treatment or are at greatest risk of interruption) through clinical services, infants whose mothers are at risk of treatment interruption in the PMTCT cascade or missing EID (particularly adolescent mothers during and after pregnancy), and biological children of female sex workers. The program will continue to collaborate with clinical partners and other donors and organizations to improve household resilience and ensure children receive the comprehensive support, including household economic strengthening, education support, and parenting support required to enable these children to adhere to their treatment regimens and maintain viral suppression.

OVC Preventive programming will continue delivering GHSD-approved HIV and violence prevention curricula to adolescents aged 10 to 14 who are most at risk from HIV and associated GBV/VAC infections. For primary prevention of HIV and sexual violence, adolescent girls and boys aged 10-14 in high-risk areas will be the main targets of attention.

The OVC program will emphasize MHPSS to improve the mental and psychosocial well-being of children, adolescents, and their caregivers. The activity will collaborate with clinical and other

partners to support the prevention, promotion, and response to address poor mental health through risk assessment, protective factor enhancement, well-being promotion, and the provision of high-quality, conveniently available care for children and their families. MHPSS will get due attention to enhance children's, adolescents', and caregivers' mental and psychosocial health.

Finally, the OVC program will continue to support conflict recovery in Northern Ethiopia with a focus on OVC linkage to HIV treatment, and support for children who have experienced violence and/or are at risk of GBV.

Adult care and treatment

In COP23 Year 2, PEPFAR-E will provide intense support to Tigray, Amhara, Oromia and Gambella (regions going through ongoing conflict in FY 24) to restore and re-initiate comprehensive HIV services, trace and re-engage patients that have interrupted treatment, provide adherence support, detect and treat advanced HIV disease, and provide MPHSS. PEPFAR-E will utilize its partners at the community and facility level to bring back clients who have interrupted treatment across all regions.

In addition, PEPFAR will expand NCD integration into selected high case load health facilities with community partners referring common NCDs to health facilities (HFs) for proper management. This activity will focus on screening for common NCDs including high blood pressure and diabetes mellitus and providing treatment at ART clinics for non- complicated cases. Complicated clients who need specialized care will be linked to the HF's chronic care units. Furthermore, to improve retention in 15-29 age groups, PEPFAR will also expand flexible-hour ART services in the evenings and weekends.

In line with HFs' effort to ensure up-to-date client contact information, PEPFAR-E will improve updating client contact information by utilizing a wide range of approaches. First, the client's contact information will be updated at every ART clinic visit. If the client cannot be accessed and has an interruption of treatment of greater than one month, the HF will update client contact information and work with community partners who will receive up-to-date client contact information and assist with the linkage back to care to reinitiate treatment. Both health facility and community partners will also explore the reasons for clients who know their status and are linked to ART but did not start treatment to provide them targeted continuous counseling and support.

PEPFAR-E will also expand its support to integrate U=U initiative into HIV prevention, care, and treatment services in conflict affected areas to strengthen treatment and viral load literacy, and continue to address HIV-related stigma and discrimination via messaging streamlined through health education sessions and various print and electronic media platforms.
Furthermore, PEPFAR-E will introduce routine HIV drug resistance testing in selected labs and high caseload facilities that provide services for patients with 2nd and 3rd line ARV treatment failure. The drug resistance testing will focus on reverse transcriptase and protease inhibitors as well as INSTI and routinely targets all patients failing their second- and third-line treatment.
In relation to this, PEPFAR will provide the necessary technical support to build the capacity of health care providers (ART and lab), through training and mentorship; this will enable them to optimally detect and manage second line failures. In addition, PEPFAR will support the development of SOPs, patient and provider tools, and requisition, recording and reporting forms.

Advanced HIV disease management (AHD)

In COP23 Year 2, PEPFAR-E will continue to support the Ministry to expand access to a full package of care for patients with AHD using a hub-and-spoke model in all PEPFAR supported ART sites. Much emphasis will be given to conflict-affected areas to resume/initiate AHD services. Access to CD4 testing will be improved using different methods, including introducing lateral flow point-of-care testing. Project ECHO will also be expanded to additional hub-and-spoke sites.

Mental health integration
In COP23 Year 2, integration of mental health and substance use screening and management will be strengthened in HIV services through a task-sharing approach in all PEPFAR-E supported ART sites, with emphasis in conflict affected areas. Furthermore, new initiatives will include integration of mental health services into KP clinics, introducing Project ECHO for mental health, and integrating key indicators into the EMR system. Community partners will also be involved in addressing stigma around accessing mental health services.

Cervical cancer prevention
In FY25, PEPFAR-E will continue to support the MOH's effort to increase access to cervical cancer (CxCa) screening and treatment with more emphasis on improving quality of screening and treatment by introducing cervicography at selected high caseload ART sites, shortening result return turnaround time for HPV test, and ensuring all WLHIV who were treated for precancerous lesions have post-treatment follow-up screening. CxCa screening will be integrated into KP clinics in all PEPFAR supported ART sites, and demand creation activities for CxCa screening will be strengthened through new initiatives such as men involvement. Furthermore, the result from a study to assess the reasons clients refuse CxCa screening will be used to inform the demand creation activities.

PEPFAR-E will be engaged in providing technical support to the MOH in scaling up primary prevention of CxCa using the HPV vaccine for girls aged 9-14 years, at the community and facility level. The support includes HPV vaccination demand creation messaging, ensuring girls on ART can access the vaccine, and capacity building through training, mentorship, and supervision in an integrated fashion with the existing CxCa prevention initiatives. Furthermore, PEPFAR-E will support expansion of center of excellence sites, thermal ablative treatment services, and project ECHO to additional geographic areas (including newly formed regions).

TB/HIV
In FY24, PEPFAR-E will prioritize intensified TB case finding activities in line with the GHSD TB/HIV acceleration strategy. A TB/HIV Acceleration Plan (TAP) is being developed in close collaboration and consultation with key stakeholders to coordinate activities and leverage resources to maximize TB detection among PLHIV. Key strategies in the TAP include optimizing the conventional TB symptom screening through implementation of CQI approaches to improve yield, and most importantly, implementation and optimal use of WHO-recommended new TB screening tools for routine screening of PLHIV.

The intensified TB case finding activities will be accompanied by eligibility assessment and provision of TPT as a standard procedure to improve TPT uptake for the remaining coverage backlog. TB case detection targets will be updated to achieve detection of 95% of the estimated incidence based on the revised national strategic plan incidence estimate and in line with GHSD implementation strategy recommendations. Early stakeholder consultations and a resource mapping exercise indicated there is potential to leverage existing resources for strengthening infrastructure capacity and access to enhanced screening and diagnostic tools, creating a conducive platform for implementation of the TAP over the next five years. PEPFAR-E will work

with partners and stakeholders to facilitate the implementation of updated, intensified TB case finding approaches customized for adult and pediatric ART clients at all ART sites, which will be better adapted to the facility and community differentiated service models.

Key program support activities include TA for MOH programs and the national TWG for guideline adaptation of WHO recommended enhanced TB screening tools, training on the updated screening approach, and algorithms and focused mentorship to enhance site level TB case finding activities. An M&E system will be established, incorporating new indicators and M&E tools for closer monitoring of TAP progress, to guide performance improvement actions.

Laboratory Services

In COP23 Year 2, PEPFAR-E routine HIV drug resistance testing will be implemented for clients who are experiencing 2nd and 3rd line ARV regimen treatment failure. PEPFAR-E is implementing cyclical acquired HIV Drug Resistance (CADRE) surveillance in five regions (Amhara, Oromia, Addis Ababa, Harari, and the former SNNP). The aim of CADRE-1 is to identify genotypes associated with high viral load from remnant specimens of patients on dolutegravir-based regimens. CADRE-1 is in progress and will be completed in July 2024. Data generated from this survey will provide information about treatment efficacy, early detection, and monitoring of acquired drug resistance (ADR) of currently prescribed ART regimens. This will enable the national HIV program to make decisions around treatment optimization.

PEPFAR-E will implement CADRE-2 to include areas previously inaccessible due to conflict (Tigray) and that experienced budget difficulties (Gambella). In addition to evaluating HIV drug resistance mutations among a sample of PLHIV on DTG-regimens, CADRE-2 will also collect clinical outcome data longitudinally to evaluate viral suppression dynamics among persons with DTG-resistance to elucidate how resistance impacts durable viral suppression.

Going forward, PEPFAR-E will explore opportunities for private sector involvement with subsidized costs for future sustainability. This could support the systematic and coordinated implementation of biosafety, biosecurity, and laboratory waste management program activities across the country. Point of Care (POC) EID and VL have been integrated with TB testing at GeneXpert sites. EID is at 180 sites and will be expanded to an additional 30. POC-VL is offered at 34 sites for pregnant /breastfeeding women, the pediatric age group, and people with unsuppressed VL follow up, and will be expanded to an additional 16 sites in COP23 Year 2. Support for advanced HIV disease lab services (CD4, LF-LAM, LF-CrAg) for HIV positive patients will be expanded using alternate testing modalities, considering CD4 equipment phase out communicated by vendors. The alternate specimen referral network will also continue to support the integrated referral network, and expand to hard to reach HFs complementary to the postal service. Fifty laboratories are accredited by ISO 15189: 2012 in Ethiopia, of which 46 of them have limited scope testing accreditation. These need to upgrade to full scope to maintain their status. Lab quality & accreditation are priorities for COP23 Year 2.

Supply Chain

Reliable supply chain management system and pharmaceutical services are critical requirements to sustain the progress towards HIV epidemic control, maintain the national program's successes, and ensure continuity of treatment for clients on ART. The continuing conflcit in some part of coutnry is affecting health commodities distribution to the last mile. This is causing stock interruption and stock out despite availability of commodities in EPSS central and branch warehouses. In FY25, the PEPFAR-E supply chain technical assistance partner will provide support to strengthen the health supply chain management system and pharmaceuticals services. The focus areas will be forecasting, supply planning, procurement,

pharmacy data triangulation through the implementation of the PMIS and LMIS at ART dispensaries and medical stores, last mile distribution to ensure adequate HIV commodity availability and accessibility, pharmacovigilance, and warehousing distribution. This will also diagnose the challenge with sustainable supply of rapid test kits and recommend mitigation measures through engaging relevant stakeholders.

Furthermore, the TA will support the MOH to pilot a decentralized drug distribution service model at private and government-owned pharmacies to bring services closer to the beneficiaries. Additionally, the TA will support the restoration and rebuilding of supply chain systems and pharmacy services of health facilities and EPSS branches in conflict-affected areas. Technical assistance will also provide direct site level support to ensure uninterrupted supply of HIV/AIDS, and related commodities and to improve the supply chain maturity level of health facilities, support introduction of new child friendly ARV formulation - pALD and strengthen the coordination platforms available at various levels of the health care system.

Above Site Systems
HIV Case Based Surveillance: In COP23 Year 2, there will be no expansion of case reporting with recency surveillance sites. The focus will be on scaling-up RITA in all surveillance sites and enhancing data access and utilization.

Health Information System: PEPFAR-E will work with the MOH to establish a HIV National Data Repository (NDR) that will gather HIV treatment data (EMR ART data) from PEPFAR-E sites with an EMR in COP23 Year 2. The NDR is currently in the requirement gathering stage, followed by software development and testing. The NDR will expand to seven regional health bureaus (and potentially two other new regions). As part of the sustainability of this program, the MOH will be capacitated to engage on the software development cycle.

1.2 Civil Society Organization Agreements

PEPFAR-E's robust investment in local partners and close collaboration with civil society will continue into COP23 Year 2. PEPFAR-E will continue to support civil society via community-led monitoring (CLM). The CLM budget in year 2 will remain unchanged from the previous year. PEPFAR-E will continue to support civil society organizations with program management, with a particular focus on data collection and analysis. PEPFAR-E will continue to take an active role in the national technical working group for CLM.

PEPFAR-E's longstanding investment in local partners, encompassing almost sixty percent of the PEPFAR budget, will further catalyze capacity building for civil society and local implementing partners. The PEPFAR-E program relies on strong linkages between the facility and the community-based sites. To improve the timelines and completeness of these line lists, the program will work with the MOH and regional health bureaus to develop a “Facility-Community Collaboration SOP”. This SOP will facilitate the exchange of patient information across relevant program areas and stakeholders. All stakeholders, including local and Facility implementing partners will play a key role in strengthening this collaboration.

PMTCT
Community partners are actively collaborating with PMTCT teams at health facilities to enhance community-based PMTCT activities, focusing on improving retention in care and adherence to treatment among pregnant women and mothers. To further support these efforts, PEPFAR-E is expanding the use of digital bi-directional referral systems and implementing SMS reminders

targeted at these priority groups. By leveraging technology, PEPFAR-E aims to strengthen communication channels and facilitate timely access to care and treatment services.

In alignment with this strategy, Community Resource Persons (CRPs) are working closely with Mother Support Groups (MSG) to reinforce dialogue and provide additional support to mothers. This collaboration enhances the effectiveness of support group sessions, promoting mutual learning and empowerment within the community. Moreover, to bolster community-based follow-up initiatives, PEPFAR-E is intensifying efforts to engage mother and infant pairs through the utilization of community-based volunteers, known as CRPs. These volunteers play a crucial role in providing support, guidance, and encouragement to ensure optimal adherence to treatment protocols. Additionally, PEPFAR-E are implementing Commcare SMS appointment reminders tailored specifically for PMTCT follow-up, if the mother gave consent. SMS reminder messages for Estimated Due Date (EDD) tracking, and Early Infant Diagnosis

OVC
The OVC program works closely with community-based partners to reach beneficiaries. PEPFAR-E will further capacitate local partners, faith-based organizations, and organizations led by youth, women, and PLHIV to improve their ability to lead and manage PEPFAR programming. PEPFAR-E will strengthen the capacity of community care coalitions to support members. Finally, as part of the community-facility linkage, the OVC program will set mutually agreed upon targets.

Above Site Activities

Care & Treatment: Community partners will include key custom MH (Mental Health) indicators into Commcare/UDS and strengthen the regular site level data review and data use for decision making.

Supply Chain: In FY25, the new supply chain activity will be supporting community led stock monitoring to improve HIV/AIDS medicines dispensation at community level by using existing community platforms including civil societies.

1.3 Activities at risk of affecting FY25 performance

The conflict has had a deleterious effect on several programs across the prevention, care, and treatment cascade. Accessibility remains an issue, most notably in Amhara, which will impact the Ethiopian Pharmaceutical Supply Service from delivering essential medicines and commodities. Similarly, indiscriminate violence targeting health care workers and facilities, displacement due to armed conflict, and internal migration has disrupted services at community and facility sites. PEPFAR-E will work with partners to mitigate these impacts.

IBBS and PSE for FSWs
The protocol has been resubmitted for clearance after addressing comments from CDC SIB and EPHI IRB. With the current pace, PEPFAR-E is planning to start the data collection in April 2024, and complete it in August 2024. PEPFAR-E will analyze the data and write the final report before the end of the COP23 Year 1 year. However, the final dissemination may carry into COP23 Year 2.

Mortality Surveillance

Due to a delay in protocol submission during COP22, PEPFAR-E has submitted the protocol to the Ethiopian Public Health Institute IRB and to CDC. This delay will impact the initial target of surveying fifty facilities in COP23 Year 1.

Laboratory
During COP22, the national VL coverage achieved a level of over 80%. However, due to the widespread instability in various regions, there were challenges in accessing facilities, services, and logistics for specimen transportation. This instability also had an impact on the timely return of results. It is anticipated that similar challenges may continue during COP23 Year 2.

2. Above Site Updates

Table C.1-New Updates for COP23 Year 2
As of FY24 the EMR-ART system is deployed in 750 health facilities across different regions, which covers over 414,000 ART patient records. This EMR software is specifically designed for HIV/ART services to improve HIV patient care and use the data for program monitoring. The EMR ART system has been helpful in data recovery and restoration of HIV treatment services in Amhara and Tigray Regions. PEPFAR-E has worked to develop and expand the National Supply Chain System. As a result, highly automated, end-to-end data transfer exists from facility, pharmacy, and warehouse to hubs and then to the Nation Supply Chain Data Repository in the cloud. By September 2022, 864 health facilities deployed Dagu, which is a facility level LMIS, and 50 facilities implemented PMIS.

Community Unified Data System (UDS) has supported the delivery of standardized HIV services to more than 1.3 million beneficiaries by frontline community health workers, and 798 trained mobile workers have been deployed. PEPFAR-E will maintain the notable progress in the interoperability between VL laboratory system and the EMR-ART system - ETORR. In FY23, a total of 57,455 samples were sent from 110 referring health facilities to testing laboratories, of which 38,469 (67%) results were returned by the laboratories.

3. USG staffing updates

The PEPFAR Coordinator position has been vacant since June 2023 and is anticipated to be filled in COP23 Year 1. PEPFAR-supported agencies, USAID and CDC, continue to reinforce PEPFAR program requirements and priority activities in a complimentary and coordinated approach.

CDC's staffing footprint includes technical officers for HIV service delivery, laboratory, strategic information, monitoring and evaluation, partner engagement, management and operations, science, and communications. Senior technical advisors provide cross-branch and strategic support to identify and overcome barriers towards achieving sustainable HIV epidemic control. Regional and partner management support teams, composed of interdisciplinary technical experts, provide comprehensive technical assistance, program monitoring, and accountability to implementing partners.

All staff participate in quality improvement efforts, including SIMS and other quality improvement initiatives, in collaboration and coordination with implementing partners. Quality improvement efforts are prioritized for sites identified as high volume and/or low performance by reviewing key metrics for HIV epidemic control, including case finding, linkage to treatment, treatment continuity, and viral load, with an overarching focus on providing client-centered services. CDC

continues to adapt staffing to meet identified needs for specific skills and competencies. Currently, CDC has no long-term vacancies and no proposed new positions. Existing vacancies are actively being filled or repurposed to support programmatic shifts.

The management and operations budget of CDC has experienced a slight overall budget decrease. Although salary, ICASS, and CSCS amounts have risen, these costs have been offset by the availability of non-PEPFAR funds to partially cover salary and benefits for the CDC Country Director.

USAID/Ethiopia has determined that the HIV team is understaffed and requires additional members (subject to mission management approval) to meet the needs of the PEPFAR program, which requires more program management and technical expertise. While recruiting for new positions, USAID will maintain the same team size and division of work by thematic area. USAID will also continue to shift tasks among staff to prioritize local partner-led community programming.

The recruitment for the Senior Supply Chain Advisor position has been delayed due to the small pool of experts available, the negative impact of conflict on living conditions in Addis Ababa, and some unexpected recruitment process delays. The health office has prioritized the recruitment process and expects the new Senior Supply Chain Advisor to join in the next few months. The position of Pharmaceutical Logistics Advisor is vacant, and the recruitment process has started to fill it.

4. Priority Areas for Sustainability Roadmap

Since September 2023, the PEPFAR-E team has met with UNAIDS, the MOH, and civil society organizations to socialize sustainability to their respective constituencies. The MOH is finalizing a terms of reference for a national technical working group that will discuss and agree upon key technical areas for sustainability. The technical working group will consist of representatives from the MOH, Ministry of Finance, civil society, CDC, USAID, PEPFAR, and other multilateral donors. The inter-donor team will use the groundwork laid by previous PEPFAR transition regions, and the existing primary health care, and national insurance scheme to determine what sustainability looks like in the Ethiopian context, particularly during a time of civil unrest.

PEPFAR Resource Commitments to the Sustainability Roadmap Development Process: PEPFAR, alongside UNAIDS, will support convening national meetings on sustainability for the national working group. There is no funding in the COP23 year two budget for sustainability-related activities such as consultants.

5. Updated Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control

Table 1. ART Targets by Prioritization for Epidemic Control (Updated)							
Prioritization Area	Total PLHIV/% of all PLHIV for COP23 (2025)	# Current on ART (FY23)	FY25 TX_CURR Target	FY25 ART Coverage	# of SNU COP22 (FY23)	# of SNU COP23 Year1 (FY24)	# of SNU COP23 Year 2 (FY25)

Attained	556,952	444,918	510,356	92%	794	141	118
Sustained	37,116	21,733	25,389	68%	36	23	25
No Prioritization (Military)	NA	7,840	-	-	1	1	-
Total National	594,068	474,491	535,745	90%	831	165	143

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

Table 2: VMMC Coverage and Targets by Age Bracket in Scale-up Districts						
PSNU	Target population	Population size estimate	Current (FY23) coverage	Expected (FY25) coverage	Total VMMC_CIRC (FY25)	Total VMMC_CIRC (FY26)
Angewak	Male 15+	53,766	69%	74%	4,953	
Etang Spe. Woreda	Male 15+	77,467	69%	75%	6,193	
Gambella Town	Male 15+	46,870	68%	74%	4,482	
Mejenger	Male 15+	34,943	69%	74%	3,199	
Nuwer	Male 15+	68,579	65%	74%	6,391	
Total	Male 15+	281,625	68%	74%	25,218	25,211

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

SNU 1	Total Population 2024	PLHIV 2024	PLHIV 2025	PLHIV 2026	Estimated KP population*	KP_PREV Target 2024	KP_PREV Target 2025	KP_PREV Target 2026	PP_PREV Target 2024	PP_PREV Target 2025	PP_PREV Target
Addis Ababa	4,139,850	107,929	105,847	103,770	21,940	16,316	17,991		16,307	17,041	
Afar	2,177,454	10,504	10,274	10,082	10,230						
Amhara	24,161,872	17,1680	169,509	167,614	65,713	36,183	36,168		43,303	45,250	
Benishangul-Gumuz	1,318,893	5,794	5,734	5,689	3,610						
Central Ethiopia	6,585,899	1,5263	15,302	15,358	6,886	3,372	1,664				
Dire Dawa	582,511	9,225	9,067	8,908	2,912						
Gambella	939,970	12,348	12,183	12,042	4,010	1,808	1,890		1,461	1,527	
Harari	297,005	5,305	5,232	5,149	915						
Oromia	42,959,701	15,6225	154,492	152,945	93,619	28,968	31,918		10,539	11,015	
Sidama	4,962,563	17,406	17,577	17,753	7,833	4,288	4,482		2,900	3,030	
Somali	6,999,079	6,916	6,809	6,726	2,978						
South Ethiopia	7,965,183	20,899	20,875	20,877	17,287	4,927	7,009		2,772	2,899	
Southwest Ethiopia	3,544,711	14,808	15,314	15,816	5,428	1,465	1,531		625	653	
Tigray	6,095,294	4,6079	45,853	45,665	24,241	11,377	8,584		12,528	13,091	
Total	**112,729,985**	**600,381**	**594,068**	**588,394**	**267,602**	**108,704**	**111,237**	**111,225**	**90,435**	**94,506**	**94,506**

*All the PLHIV estimates are from NAOMI modeling – the numbers are a bit different from spectrum for similar years

Target Table 4 Targets for OVC and Linkages to HIV Services

SNU 1	Estimated # of Orphans and Vulnerable Children (2025)	OVC_SERV Comprehensive (2025)	OVC_SERV Target Preventive (2025)	OVC_HIVSTAT Target (2025)	Estimated # of Orphans and Vulnerable Children (2026)	OVC_SERV Comprehensive (2026)	OVC_SERV Target Preventive (2026)	OVC_HIVSTAT Target (2025)
Addis Ababa	51,647	34,532	12,166	28,007	50,279			
Afar	79,658				79,974			
Amhara	570,822	64,114	22,279	51,310	569,613			
Benishangul-Gumuz	46,541				46,488			
Central Ethiopia	173,475	2,239	793	1,812	173,825			
Dire Dawa	16,691				16,285			
Gambella	19,833	2,906	1,092	2,498	19,224			
Harari	7,510				7,607			
Oromia	1,190,301	53,580	19,349	44,529	1,193,976			
Sidama	132,651	6,456	2,271	5,219	133,264			
Somali	243,468				246,492			
South Ethiopia	205,935	11,441	4,286	9,366	206,471			
Southwest Ethiopia	94,598	2,708	969	2,218	95,292			
Tigray	129,072	17,310	6,396	14,696	130,497			
Total	**2,962,202**	**195,286**	**69,601**	**159,655**	**2,969,287**	**195,286**	**69,601**	**160,996**

5. Updated Budget Tables

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Fiscal Year	**2021**	**2022**	**2023**	**2024**	**2025**
Intervention	**Budget**	**Budget**	**Budget**	**Budget**	**Budget**
	$118,769,720	**$125,774,805**	**$106,143,906**	**$112,850,000**	**$111,050,000**
ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	$100,000	$118,260	$141,022		
ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$10,154,500	$12,005,120	$6,303,176		
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations				$2,926,441	$2,646,000
ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations				$4,642	$4,642
ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$2,550,237	$2,685,586	$3,267,147	$3,514,080	$4,103,304
ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations				$50,000	$50,000

ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$155,561				
ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations				$380,000	$380,000
ASP>Management of Disease Control Programs>Non Service Delivery>Pregnant & Breastfeeding Women				$300,000	$300,000
ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$3,891,411	$759,715	$608,773		
ASP>Not Disaggregated>Non Service Delivery>OVC		$444,044			
ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Key Populations			$156,200		
ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	$292,001	$690,000	$475,000		
ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>OVC	$140,000	$85,022			

ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Pregnant & Breastfeeding Women			$200,000		
ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$1,010,000	$427,860	$1,226,118	$1,000,000	
ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$302,224				
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations				$891,022	$91,022
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations				$4,294,044	$3,781,232
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Pregnant & Breastfeeding Women				$200,000	$160,000
C&T>HIV Clinical Services>Non Service Delivery>Children	$2,619,800	$2,445,160	$1,947,000	$1,997,000	$1,782,959

C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$657,667	$701,171	$727,078	$763,041	$440,472
C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$16,081,750	$15,517,667	$17,649,652	$20,120,196	$21,785,294
C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	$351,000	$300,000		$1,220,766	$1,211,225
C&T>HIV Clinical Services>Service Delivery>Children	$1,956,200	$2,602,460	$1,671,000	$1,971,000	$1,657,943
C&T>HIV Clinical Services>Service Delivery>Key Populations	$2,225,983	$2,692,606	$2,636,008	$3,247,795	$3,005,699
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$9,780,315	$8,948,832	$7,371,218	$7,113,324	$6,784,795
C&T>HIV Clinical Services>Service Delivery>OVC	$998,637	$1,350,722	$539,080		
C&T>HIV Drugs>Service Delivery>Children	$204,374			$95,849	$72,433
C&T>HIV Drugs>Service Delivery>Non-Targeted Populations		$98,784		$766,269	$908,889

C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$1,316,153	$1,662,208	$1,454,932	$1,251,026	$1,242,751
C&T>HIV Laboratory Services>Service Delivery>Children		$421,123	$460,266	$650,215	$458,511
C&T>HIV Laboratory Services>Service Delivery>Key Populations	$55,757	$62,477	$47,578	$398,707	$72,813
C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$11,604,451	$11,113,445	$10,090,133	$8,512,181	$10,307,720
C&T>HIV Laboratory Services>Service Delivery>Pregnant & Breastfeeding Women	$213,900	$200,000			
C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations				$2,370,000	$2,750,229
C&T>HIV/TB>Service Delivery>Non-Targeted Populations				$25,000	$5,557
C&T>Not Disaggregated>Non Service Delivery>Key Populations	$84,552	$114,904			
C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$4,085,150	$6,392,745	$5,455,137		

HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	$152,923	$160,217	$236,769	$275,020	$205,844
HTS>Community-based testing>Service Delivery>Key Populations	$2,776,237			$1,990,871	$1,731,528
HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$798,752	$472,558	$212,763	$933,611	$930,208
HTS>Community-based testing>Service Delivery>OVC	$817,072	$1,095,375			
HTS>Facility-based testing>Non Service Delivery>Key Populations	$414,000	$340,000	$350,000	$65,000	$97,219
HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$3,864,934	$3,297,339	$2,540,770	$3,510,148	$3,851,554
HTS>Facility-based testing>Service Delivery>Key Populations	$475,200	$456,200	$456,200	$917,200	$923,181
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$3,495,160	$4,359,300	$3,697,107	$3,270,447	$3,055,630

HTS>Not Disaggregated>Non Service Delivery>Key Populations		$50,714	$44,785		
HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$540,668	$541,165	$154,296		
HTS>Not Disaggregated>Service Delivery>Key Populations	$1,140,641	$1,229,746	$852,767		
HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	$1,021,091	$1,263,312	$1,308,324		
HTS>Not Disaggregated>Service Delivery>OVC	$289,478	$199,509			
PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations			$340,000		
PM>IM Program Management>Non Service Delivery>Key Populations	$875,862				
PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$10,120,668	$12,424,511	$10,912,820	$10,478,167	$10,106,350

PM>IM Program Management>Non Service Delivery>OVC				$674,453	$508,950
PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$6,714,817	$7,197,557	$7,199,008	$9,082,640	$7,838,261
PM>USG Program Management>Non Service Delivery>OVC				$381,531	$483,294
PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Key Populations	$336,700	$100,000			
PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Non-Targeted Populations		$2,639,208	$273,029		
PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>OVC			$50,852		
PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	$223,533	$157,682	$125,407		

PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	$294,135	$452,673	$757,985		
PREV>Comm. mobilization, behavior & norms change>Service Delivery>OVC	$799,949	$1,027,734	$667,171		
PREV>Condom & Lubricant Programming>Non Service Delivery>Key Populations					$8,000
PREV>Condom & Lubricant Programming>Service Delivery>Key Populations				$392,000	
PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$71,290	$465,776	$418,100	$8,000	$392,000
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations				$125,407	$125,407

PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations				$727,014	$976,185
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>OVC				$880,179	$801,479
PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations				$3,592	$3,592
PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations				$23,474	$100,000
PREV>Non-Biomedical HIV Prevention>Service Delivery>OVC				$23,459	$5,000
PREV>Not Disaggregated>Non Service Delivery>Key Populations	$280,400	$272,363	$173,680	$278,465	$352,061
PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$1,397,010	$1,505,309	$803,469	$641,616	$660,825

PREV>Not Disaggregated>Service Delivery>Key Populations	$564,057	$952,000	$776,845	$1,093,445	$1,200,575
PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$79,781	$2,273,000	$3,922	$1,217,312	$799,946
PREV>PrEP>Non Service Delivery>Key Populations				$100,000	
PREV>PrEP>Service Delivery>Key Populations	$229,115	$320,407	$590,321	$512,985	$595,623
PREV>PrEP>Service Delivery>Non-Targeted Populations	$1,270,885	$205,000	$35,000	$281,197	$161,197
PREV>VMMC>Non Service Delivery>Non-Targeted Populations	$172,590	$194,534			
PREV>VMMC>Service Delivery>Non-Targeted Populations	$1,877,500	$885,000	$620,000	$480,000	$480,000
PREV>Violence Prevention and Response>Non Service Delivery>Non-Targeted Populations				$68,000	$46,000
SE>Case Management>Non Service Delivery>OVC	$77,778	$159,778			
SE>Case Management>Service	$907,859	$1,451,103	$1,712,157	$2,327,670	$2,911,393

Delivery>OVC					
SE>Economic strengthening>Service Delivery>OVC	$1,815,708	$2,570,606	$2,622,814	$4,005,282	$3,715,164
SE>Education assistance>Service Delivery>OVC	$907,858	$1,160,100	$1,417,680	$2,226,758	$2,126,558
SE>Food and nutrition>Service Delivery>OVC		$132,842	$118,661	$319,415	$350,384
SE>Not Disaggregated>Non Service Delivery>Non-Targeted Populations			$18,829		
SE>Not Disaggregated>Non Service Delivery>OVC	$2,058,031	$2,181,684	$2,071,882		
SE>Not Disaggregated>Service Delivery>OVC	$635,495	$907,706	$1,214,304		
SE>Psychosocial support>Non Service Delivery>OVC	$124,684	$115,028	$68,875	$105,590	$105,590
SE>Psychosocial support>Service Delivery>OVC	$316,236	$717,858	$870,796	$1,367,454	$1,397,512

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
	Program	Budget	Budget	Budget	Budget	Budget	
Total			**$118,769,720**	**$125,774,805**	**$106,143,906**	**$112,850,000**	**$111,050,000**
Ethiopia	Ethiopia	C&T	$52,235,689	$54,624,304	$50,049,082	$50,502,369	$52,487,290
Ethiopia	Ethiopia	HTS	$15,786,156	$13,465,435	$9,853,781	$10,962,297	$10,795,164
Ethiopia	Ethiopia	PREV	$7,596,945	$11,450,686	$5,295,781	$6,856,145	$6,707,890
Ethiopia	Ethiopia	SE	$6,843,649	$9,396,705	$10,115,998	$10,352,169	$10,606,601
Ethiopia	Ethiopia	ASP	$18,595,934	$17,215,607	$12,377,436	$13,560,229	$11,516,200
Ethiopia	Ethiopia	PM	$17,711,347	$19,622,068	$18,451,828	$20,616,791	$18,936,855

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Operating Unit	Country	Fiscal Year	2021	2022	2023	2024	2025
	Targeted Beneficiary	Budget	Budget	Budget	Budget	Budget	
Total			**$118,769,720**	**$125,774,805**	**$106,143,906**	**$112,850,000**	**$111,050,000**
Ethiopia	Ethiopia	Children	$4,780,374	$5,468,743	$4,078,266	$4,714,064	$3,971,846
Ethiopia	Ethiopia	Key Populations	$10,439,704	$7,568,530	$7,077,891	$10,829,530	$8,697,192

Ethiopia	Ethiopia	Non-Targeted Populations	$93,095,957	$98,638,421	$83,433,477	$83,273,849	$84,304,413
Ethiopia	Ethiopia	OVC	$9,888,785	$13,599,111	$11,354,272	$12,311,791	$12,405,324
Ethiopia	Ethiopia	Pregnant & Breastfeeding Women	$564,900	$500,000	$200,000	$1,720,766	$1,671,225

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Operating Unit	Fiscal Year	2021	2022	2023	2024	2025
	Initiative Name	Budget	Budget	Budget	Budget	Budget
Total		**$118,769,720**	**$125,774,805**	**$106,143,906**	**$112,850,000**	**$111,050,000**
Ethiopia	Ambition	$7,015,000				
Ethiopia	Cervical Cancer	$6,000,001	$3,260,000	$4,127,443	$4,229,270	$4,589,349
Ethiopia	Community-Led Monitoring		$150,000	$300,000	$600,000	$750,000
Ethiopia	Condoms (GHP-USAID Central Funding)		$400,000	$400,000	$400,000	$400,000
Ethiopia	COP19 Performance	$10,050,033				
Ethiopia	Core Program	$78,047,552	$107,128,250	$90,301,463	$94,122,535	$93,562,456

Ethiopia	HKID Requirement	$9,899,349				
Ethiopia	KP Survey				$800,000	
Ethiopia	LIFT UP Equity Initiative				$1,000,000	
Ethiopia	One-time Conditional Funding		$13,757,021			
Ethiopia	OVC (Non-DREAMS)			$10,315,000	$11,218,195	$11,268,195
Ethiopia	Surveillance and Public Health Response	$7,217,785				
Ethiopia	VMMC	$540,000	$1,079,534	$700,000	$480,000	$480,000