United States Department of State



Washington, D.C. 20520

UNCLASSIFIED 28 May 2021

MEMO FOR KRISTINA A. KVIEN, CHARGÉ D'AFFAIRES TO UKRAINE

SUBJECT: PEPFAR Ukraine Country Operational Plan 2021 Approval

This memo represents the successful completion of the PEPFAR Ukraine Country Operational Plan COP 2021 planning, development and submission. PEPFAR Ukraine, together with the partner government, civil society, and multilateral partners, has planned and submitted a COP 2021 in alignment with the directives from the COP 2021 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Ukraine Country Operational Plan COP 2021 with a total approved budget of \$45,375,000 including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY 2022 Implementation
TOTAL	42,055,533	3,319,467	45,375,000
Bilateral	41,680,533	3,319,467	45,000,000
Central	375,000	-	375,000

The total FY 2022 outlay for COP 2021 implementation shall not exceed the total approved COP 2021 budget of \$45,375,000 without additional written approval. Any prior year funds that are not included within this COP 2021 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2022 without additional written approval. The new FY 2021 funding and prior year funds approved within this memo as a part of the total COP 2021 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2022– must be submitted to and approved by S/GAC.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2021 programming and priorities as outlined below and in the appendix.

Background

This approval is based upon the discussions that occurred between the country team, agency headquarters, S/GAC, indigenous and international stakeholders and implementing partners

during the April 15-16, 2021 virtual planning meetings and participants in the virtual approval meeting; the final COP 2021 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Ukraine's (COP) 2021 will support PEPFAR Ukraine's vision, within the context of the COVID-19 pandemic, in partnership with the Government and people of Ukraine, to work towards epidemic control first through targeted case finding and testing to efficiently identify key populations most-at-risk for HIV infection - including people who inject drugs (PWID), men who have sex with men (MSM), people in penal settings and then ensuring all newly diagnosed PLHIV are immediately linked to treatment. Upon linkage to treatment, programs will ensure that PLHIV are retained in treatment and are virally suppressed. COP 2021 activities will work to accelerate Ukraine's progress towards epidemic control by the end of FY 2022, with 115,984 projected to be on life-saving treatment by the end of FY 2022. Ukraine's COP 2021 response will focus intensely on the 12 highest-burden geographic regions by enrolling an additional 12,071 PLHIV on treatment in FY2021 and ensuring viral load suppression in 105,962 patients in these areas.

The PEPFAR Ukraine strategy for programming/funding to be implemented during FY 2022 will focus on retaining PLHIV on ART through innovative and COVID-19 safe practices and continuing to prevent new HIV infections through enhanced case finding and same-day ART treatment initiation. Case finding efforts will focus on: (1) scale-up of client-centered testing services, including index testing, multi-testing to diagnose Hepatitis C, Hepatitis B, and STI coinfection; (2) mobile testing – with the dispatch of mobile testing/linkage units that will allow for streamlined test and start to reduce patient losses to follow-up (LTFU); (3) social network testing; (4) testing for people in prisons; and (5) and MSM-friendly testing services. Prevention efforts will focus on (1) increasing PrEP availability at health facilities for at-risk populations, including sero-discordant couples, (2) scaling up of U=U messaging campaigns and other enhanced prevention activities targeting urban and rural communities to de-stigmatize HIV and raise awareness among at-risk groups about PrEP availability, 3) making MSM-friendly prevention services more widely available, and 4) targeting of risk-reduction strategies and HIV prevention interventions for younger PWID and other vulnerable groups.

The program will also focus on sustaining high linkage of HIV-positive clients to treatment services and implementing client-centered retention services to mitigate losses to follow-up, ensuring successful linkages to MAT (medication-assisted therapy) services, and helping clients achieve viral suppression. The program will support intensive site monitoring and supportive supervision to improve case-finding, testing, and retention and will use Community-Led Monitoring approaches to support continuing improvements in service delivery quality and access while responding effectively to the COVID-19 pandemic in Ukraine. At a broader level, the program will 1) undertake key population-focused surveys and surveillance – including key population size estimates and utilization of data from HIV case-based surveillance and routine program data to inform case finding and testing efforts and overall HIV epidemic control monitoring; 2) support reforms to strengthen Government of Ukraine commodity procurement and supply chain systems and decentralized HIV services (including same-day testing and

treatment initiation and multi-month ART dispensing); 3) support the expansion of laboratory infrastructure and monitoring capacity in tandem with ongoing HIV diagnosis and case management with PEPFAR Ukraine support.

During COP21, PEPFAR Ukraine will focus on retention and ensuring the positive gains of COP20 are maintained throughout the COVID-19 pandemic and through FY22. This will be accomplished by scaling mobile case finding; implementing community-led monitoring activities in close collaboration with Civil Society and the Government of Ukraine; sustaining PEPFAR-supported gains in the provision of high-quality, client-centered HIV services and ethical index testing; strengthening retention strategies for PWID and hard-to-retain clients; expanding HIV self-testing; and ensuring high viral load testing coverage through patient-centered HIV laboratory networks. All COP 21 interventions will be aligned with Government of Ukraine 95-95-95 goals and implemented in close collaboration with civil society, UNAIDS, WHO, the Global Fund, and other key stakeholders.

Funding Summary

All COP 2021 funding summarized in the chart below is approved at the agency and account levels as indicated. <u>Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in all PEPFAR systems and summarized in the appendix.</u>

		of which, Bilateral									
		New Funding									Budget
	Total				FY 2021			FY 2020	FY 2019	Applied Pipeline	(Bilateral +
		Total	Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State		Central)
TOTAL	45,000,000	41,680,533	37,541,035	37,056,451	•	484,584	-	4,139,498	٠	3,319,467	45,375,000
DOD Total	975,000	964,070	-	-	-	-	-	964,070	•	10,930	975,000
DOD	975,000	964,070	-	-	-	-	-	964,070	1	10,930	975,000
HHS Total	21,250,000	20,069,357	16,893,929	16,409,345	-	484,584	-	3,175,428	•	1,180,643	21,250,000
HHS/CDC	19,150,000	17,969,357	16,893,929	16,409,345	-	484,584	-	1,075,428	-	1,180,643	19,150,000
HHS/HRSA	2,100,000	2,100,000	-	-	-	-	-	2,100,000	1	-	2,100,000
PC Total	580,590	130,000	130,000	130,000	-	-	-	-	•	450,590	580,590
PC	580,590	130,000	130,000	130,000	-	-	-	-	-	450,590	580,590
STATE Total	6,188,108	4,955,273	4,955,273	4,955,273	-	-		-	-	1,232,835	6,188,108
State	43,961	43,961	43,961	43,961	-	-	-	-	-	-	43,961
State/EUR	1,352,835	120,000	120,000	120,000	-	-	-	-	1	1,232,835	1,352,835
State/SGAC	4,791,312	4,791,312	4,791,312	4,791,312	-	-	-	-	1	-	4,791,312
USAID Total	16,006,302	15,561,833	15,561,833	15,561,833	-	-	-	-	-	444,469	16,381,302
USAID, non-WCF	14,279,668	13,835,199	13,835,199	13,835,199	-	-	-	-	-	444,469	14,279,668
USAID/WCF	1,726,634	1,726,634	1,726,634	1,726,634	-	-	-	-	•	-	2,101,634

^{1/}Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

^{2/}Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

											Total COP21
			of which, Central								
			New Funding							Budget	
	Total		FY 2021					FY 2020	FY 2019	Applied Pipeline	(Bilateral +
		Total	Total	GHP-State	GHP-USAID	GAP	ESF	GHP-State	GHP-State		Central)
TOTAL	375,000	375,000	375,000		375,000	-			-	-	45,375,000
DOD Total	-			-	-	-		-	-	-	975,000
DOD	-	-	-	-	-	-	-	-	-	-	975,000
HHS Total	-			-	-	-		-	-	-	21,250,000
HHS/CDC	-	-	-	-	-	-	-	-	-	-	19,150,000
HHS/HRSA	-	-	-	-	-	-	-	-	-	-	2,100,000
PC Total			-	-	-	-	-	-	-	-	580,590
PC	-	-	-	-	-	-	-	-	-	-	580,590
STATE Total	-			-	-	-		-	-	-	6,188,108
State	-	-	-	-	-	-	-	-	-	-	43,961
State/EUR	-	-	-	-	-	-	-	-	-	-	1,352,835
State/SGAC	-	-	-	-	-	-	-	-	-	-	4,791,312
USAID Total	375,000	375,000	375,000		375,000	-		-	-	-	16,381,302
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	14,279,668
USAID/WCF	375,000	375,000	375,000	-	375,000	-	-	-	-	-	2,101,634
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^{1/}Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

^{2/}Economic Support Fund (ESF) funding is authorized in the American Rescue Plan Act of 2021 and must be used for a combined HIV and COVID purpose.

GHP-State Funds: Upon the clearance of a FY 2021 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. <u>Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.</u>

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2022 at approved COP 2021 partner budget levels to achieve FY 2022 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. <u>Additional or remaining pipeline from previous year's activities that are not currently captured in the COP2021 total budget level and documented within COP 2021 partner budgets are not to be executed or outlayed without written approval from S/GAC.</u>

Earmarks: The Ukraine PEPFAR program has planned for programming for FY 2021, FY 2020, and/or FY 2019 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Ukraine. Upon approval of this memo, the amounts below will become the new earmark controls for PEPFAR/Ukraine. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

	COP21 Funding Level							
Earmarks	TOTAL	FY 2021	FY 2020	FY 2019				
Care & Treatment	14,017,219	12,578,912	1,438,307	-				
Orphans and Vulnerable Children	130,000	130,000	ı	-				
Preventing and Responding to Gender-based Violence	-	-	-	-				
Water	-	-	-	-				

	COP21 Funding Level								
AB/Y Earmark	TOTAL	FY 2021	FY 2020	FY 2019	Applied Pipeline				
TOTAL Prevention Programming	1,081,608	1,023,313	•		58,295				
Of which, AB/Y	•	•	•	•	-				
% AB/Y of TOTAL Sexual Prevention Programming	0.0%	N/A	N/A	N/A	N/A				

1/Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2022.

USG core areas of investment are strategic information, key populations, lab strengthening, and care/treatment continuum. The PEPFAR Ukraine HIV combination prevention portfolio has pivoted to focus more on the cascade of care and is driven by the HIV epidemiological context. Ukraine is a PWID driven epidemic and is focused on other key populations as well. Thus, the AB/Y earmark is not applicable.

Initiatives by Agency

	Total Central Applied Pipeline	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Bilateral - New Funding	Total COP21 Budget
TOTAL	-	3,319,467	375,000	41,680,533	45,375,000
of which, Community-Led Monitoring	-	200,000	•	200,000	400,000
of which, Condoms (GHP-USAID Central Funding) (Central)	-		375,000	•	375,000
of which, Core Program	-	3,119,467	-	41,030,533	44,150,000
of which, Surveillance and Public Health Response	-	-	-	450,000	450,000
DOD Total	-	10,930		964,070	975,000
of which, Core Program	-	10,930	-	514,070	525,000
of which, Surveillance and Public Health Response	-	-	-	450,000	450,000
HHS Total	-	1,180,643	-	20,069,357	21,250,000
of which, Community-Led Monitoring	-	-	-	200,000	200,000
of which, Core Program	-	1,180,643	-	19,869,357	21,050,000
PC Total	-	450,590		130,000	580,590
of which, Core Program	-	450,590	-	130,000	580,590
STATE Total	-	1,232,835	-	4,955,273	6,188,108
of which, Community-Led Monitoring	-	200,000	-	-	200,000
of which, Core Program	-	1,032,835	-	4,955,273	5,988,108
USAID Total		444,469	375,000	15,561,833	16,381,302
of which, Condoms (GHP-USAID Central Funding) (Central)	-	-	375,000	-	375,000
of which, Core Program	-	444,469	-	15,561,833	16,006,302

FY 2022 Target Summary

FY 2021 funds are released and COP 2021 applied pipeline is approved to achieve the following results in FY 2022.

				S	NU Prioritizations			
Ukra	aine	Attained	Scale-Up: Saturation	Scale-Up: Aggressive	Sustained	Centrally Supported	No Prioritization	Total *
	<15	-		- 876	-			876
HTS_INDEX	15+	-		11,626	-			11,626
	Total	-		12,502				12,502
HTS_TST 1:	<15	-		4,066	-		- 25 694	4,066 208,294
	15+ Total	-	•	- 182,600 - 186,666	-		- 25,694 - 25,694	208,294 212,360
	<15	-		- 317			- 25,074	317
HTS_TST_POS	15+	_		- 11,619	_		- 510	12,129
1115_151_1 05	Total	-		11,936	-		- 510	12,446
	<15	-		- 318	-			318
TX_NEW	15+	-		11,753	-			11,753
	Total	-	•	12,071	-			12,071
	<15	-		2,099	-			2,099
TX_CURR	15+	-		115,005	-			113,885
	Total	-		115,984	•			115,984
TOY DAY C	<15	-	•	1,888	-			1,888
TX_PVLS	15+ Total	-		104,074 105,962	-			104,074 105,962
CXCA_SCRN	Total	-		105,902	<u>-</u>		: 	105,902
CACA_SCKIV	<18	-						502
OVC_SERV	18+	_			-]	192
O'C_BERT	Total						-	694
OVC_HIVSTAT	Total	_		- 502				502
	<15	-			-			_
PMTCT_STAT	15+	-			-			_
	Total	-	•		-			_
PMTCT_STAT_P	<15	-		-	-			-
OS OS	15+	-			-			-
0.0	Total	•	•	•	•			-
DI ATTOCK A DOT	<15	-		-	-			-
PMTCT_ART	15+	-		- -	-			
DMTCT EID	Total	-		·			- 1	-
PMTCT_EID	Total <15	-		<u> </u>	-			-
PP_PREV	15+	_			-]	
TT_TREV	Total	-					_	
KP_PREV	Total	_		98,459				98,459
KP_MAT	Total	-		- 7,785				7,785
VMMC_CIRC	Total	-			-			_
	<15	-			-			_
HTS_SELF	15+	-		46,000	-			46,000
	Total	-		46,000	-			46,000
PrEP_NEW	Total	-		5,000	-			5,000
PrEP_CURR	Total	•	•	8,200	•			8,200
TTD 6T 4 T	<15	-		-	-			-
TB_STAT	15+	-	•	-	-			
-	Total <15	-		<u>-</u>	-			-
TB_ART	<15 15+	_			-]]
I D_AK I	Total	_					_]	
	<15	-			-			-
TB_PREV	15+	-			-		_	_
	Total	-			-			-
	<15	-		-	-			-
TX_TB	15+	-			-			-
	Total	-						-
GEND_GBV	Total	-			-			-

^{*} Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Partner Management and Stakeholder Engagement:

Agreements made during COP 2021 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor

partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes, and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and expenditures to date by program area, implement remediation, and conduct intensive followup. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be triggered. For key populations programming, per MER Guidance and program requirements, HIV testing is a required element of the KP_PREV indicator. HIV testing services (HTS) or referring an individual to HTS is required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV. HIV prevention services must be tailored to individual risks. If the individual is self-identified as HIV positive, then HTS provision or referral to HTS will not be a required element of this indicator.

Workplans for IPs should reflect these HTS requirements for key populations programming. Additionally, where referral to HTS is made, IP workplans and program design should incorporate measures to follow through on HTS with KP clients to ensure referral completion. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance. including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners, and bilateral partners, is to continue throughout COP 2021 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Ukraine's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.