United States Department of State

Washington, D.C. 20520

UNCLASSIFIED January 14, 2020

INFORMATION MEMO FOR Chargé Kvien, Ukraine

FROM: S/GAC – Ambassador Deborah L. Birx, MD

SUBJECT: FY 2020 PEPFAR Planned Country Allocation and Strategic Direction

Dear Chargé Kvien:

First, I wanted to personally thank you and Acting Deputy Chief of Mission Pennington for your dedication to PEPFAR and working every day to achieve the most possible with the United States taxpayers' dollars. The ability to translate these resources into effective and impactful programming has and continues to be core to our collective progress. Your PEPFAR team in country is extraordinary and we are fortunate to witness their passion and compassion. We are very excited about your progress in:

- Scaling index testing and provider-initiated testing and counseling (PITC) in tandem with risk screening tool roll-out to improve the early detection of new HIV cases in PEPFAR-supported regions
- Successfully piloting patient-centered approaches (especially with key populations including people who inject drugs (PWID) and men who have sex with men (MSM)-focused testing and case management) at NGO-supported sites and city AIDS centers.
- Achieving 95% viral load suppression across 12 PEPFAR-supported regions

Together with the Government of Ukraine and civil society leadership we have made tremendous progress together. Ukraine should be proud of the progress made over the past 16 years of PEPFAR implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

We did want to highlight both overarching issues we see across PEPFAR and a few specific to Ukraine. Full details will follow in a more comprehensive letter from your S/GAC Chair and PPM.

Throughout the PEPFAR family of supported countries and communities, five gaps are shared across the globe holding us collectively back from achieving Sustainable Development Goal 3 related to controlling the HIV AIDS epidemic where #2-5 are particularly relevant to our collective efforts to address the Ukraine epidemic:

1. Continued new HIV infections in adolescents and young women
2. Supporting key populations with prevention and treatment services

3. Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate))
4. Ensuring 15-35-year-old asymptomatic clients are maintained on treatment and virally suppressed (net new on treatment and treatment current growth, (retention surrogate))
5. Ensuring all children are diagnosed and are on the best treatment regimens and virally suppressed

As Ukraine prepares for COP 20/FY 2021 implementation, we have identified the remaining prioritized challenges:

- There is still a large group of people living with HIV, many of whom may be former injecting drug users, who are unaware of their status. Many of these individuals are identified too late, resulting in unnecessary loss of life. We must figure out how to find these individuals earlier.
- The time from diagnosis to treatment initiation has improved over the past year but is still too long. There are also a significant number of people who are diagnosed as HIV positive, but never linked to treatment.
- There is a concerning lack of retention among PWID – one third of PWID are lost to follow up within 6-18 months of antiretroviral treatment initiation.

In a recent Office of Inspector General audit around PEPFAR coordination there were four draft preliminary recommendations based on their discussions with PEPFAR staff in the field from four countries, three of their recommendations are relevant to this Country Operational Plan planning cycle related to target setting, tool development, and timelines. Although we just received the draft report a few days ago we did not want to wait another COP cycle to make substantive changes related to the recommendations. The first was around targets and target-setting and the need for a clear and transparent understanding and dialogue in establishing targets. PEPFAR targets are not PEPFAR's but flow directly from the UNAIDS Fast Track Strategy of 2016. Since 2016, both the PEPFAR strategy and targets were directly derive from the global communities of UNAIDS, WHO, and specifically Heads of State in their commitment to SDG 3 and are aligned to support the country's specific ambition towards those goals. The global community in 2015 through their Heads of State committed to achieving SDG 3.3 by 2030 which for HIV is ending the HIV/AIDS epidemic as a public health threat. This was followed by a United Nations High Level Meeting on HIV/AIDS in June 2016, whereby these Heads of State committed to the 90/90/90 Fast Track Strategy. Essential to the strategy was 73% community viral load suppression (VLS) by 2020 and 86% community VLS by 2030 combined with increased prevention interventions and zero stigma and discrimination to ensure all ages, genders and risk groups have access to life saving prevention and treatment services.

Also, in 2016, 22 PEPFAR-supported high HIV burden countries committed to the three Frees of Start Free, Stay Free, AIDS Free with 2020 targets of a decrease in new infections in children to 20,000, 85% of pregnant women on ART, AGYW new infections to < 100,000, 90% of children on ART and 25 million VMMCs. Since 2016 PEPFAR and the GF resources have been focused on achieving these global goals that have been translated to each country by UNAIDS and subsequently supported financially and technically by the PEPFAR family. Since 2016, PEPFAR has utilized these global commitment targets as PEPFAR targets with the

commensurate increased funding to countries in 2016, 2017, and 2018 to achieve the goals set out by the Heads of State. Many countries have made tremendous progress towards these targets and others need to accelerate. Ukraine could be on track to achieve the 2020 and 2030 goals if specific programmatic gaps are addressed.

Over the past 4 years, PEPFAR resources were allocated based on need, performance, and specifically on the country's and communities' desire to achieve the SDG, Fast Track Strategy, and Three Free goals and country specific targets. Based on the OIG recommendation, S/GAC will take a different approach this year to target-setting. Our collective hope is that together we use this moment of reflection on progress and challenges along with the realization that the end of 2020 is only 11 months away to address these overarching challenges this year through COP 2019 implementation and use COP 2020 to maintain our progress, address any ongoing challenges and finally fund ambition for greater impact. Thus, S/GAC will not assign targets to countries but only provide notional budget levels. After the PEPFAR country team submits their targets the notional budget will then be adjusted to the presented level of ambition. Additional funding is available as ambition funding for treatment.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2020) notional budget is $32,830,000 inclusive of all new funding accounts and applied pipeline and reflects the following:

1. Sustaining the gains in treatment services based on your projected COP 2019 treatment result (FY2020 treatment current funded in COP19) $23,900,000
    a. The care and treatment budget is determined by all of your FY18 C/T expenditure services and commodities (no RTK commodities), including all aspects of the health system inclusive of human resources, laboratory and systems, commodities (exclusive of RTKs), an upward adjustment from FY19 treatment current to the FY2020 treatment current fully burdened cost of treatment services and commodities, and 100% of partner program management costs and data needs
    b. This Budget is broken down by
        i. Care and Treatment services including partner program management costs, FY2020 upward adjustment, EMR and data with surveillance, recency $18,000,000
        ii. ARV drugs and treatment commodities (everything except RTKs) $2,000,000
        iii. TB preventive treatment $1,000,000
        iv. For earmark purposes 50% of M/O costs $2,900,000
2. Continued orphans and vulnerable children funding $130,000
    a. HKID or $130,000 dollars for continued historical OVC services
3. Continued expansion of Key Populations prevention and expansion of PrEP depending on country submitted targets
    a. Key Population (non-treatment) $4,900,000
    b. PrEP total: $1,000,000 dollars
4. Remaining 50% M/O based on COP19 $2,900,000

The total COP 2020 notional budget of $32,830,000 is comprised of $27,416,037 new FY 2020 funding and $5,413,963 pipeline. In addition, there is $7,329,881 in remaining FY 2019 funding that can be made available to agency partners with the highest performance with evidence that they are addressing one of the critical gaps outlined above. Use of the additional FY 2019 funds would need to be consistent with the cost of expanded targets and address one of the gaps in programming #2-5 above. Use of this funding should be discussed with the S/GAC chair and PPM during the January strategy retreat and tentatively approved and be submitted with the Data Pack and FAST tool. The final budget and associated country level targets will be discussed and approved during the Johannesburg meeting.

Again, the team has received a notional budget as noted above and a final budget approval will be contingent on the team's desired targets. As always funding is associated with a performance target that will be achieved with those resources. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team in collaboration with the Government of Ukraine and civil society of Ukraine believes is critical for the country's progress towards controlling the pandemic and maintaining controlling.

We are hoping this new approach to target-setting and budget will establish an open dialogue on target-setting and empower teams to work with all stakeholders to plan a strategic and impactful COP. The expectation is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partner's accountable to that achievement. In addition, this new approach to target-setting gives high performing partners and agencies with additional aspirations the opportunity to do more to achieve even greater impact with additional ambition resources.

In the next 48 hours, more detailed descriptions of OU's programmatic successes and challenges will be conveyed to your wider PEPFAR team by the S/GAC Chair and PPM in a phone call, after which the detailed planning level letter will be immediately released.

Again, thank you for your work and we are looking forward to working with you to achieve your Fast Track Strategy and ultimately the SDG 3 goal.

Together we can.

Deborah Birx

United States Department of State

Washington, D.C. 20520

UNCLASSIFIED

January 16, 2020

PART 2

INFORMATION MEMO FOR CHARGÉ D'AFFAIRES KRISTINA KVIEN, UKRAINE

SUBJECT: Fiscal Year (FY) 2020 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTs and from Headquarters Country Accountability and Support Teams, we have thoroughly reviewed progress of the program in your country over time and specifically the end of year results of the Country Operational Plan (COP) 2018 and current COP 2019 implementation as we plan for COP 2020. We have noted the following key successes and specific areas of concern:

Key Successes:

- Scaling index testing and provider-initiated testing and counseling (PITC) in tandem with risk screening tool roll-out to improve the early detection of new HIV cases in PEPFAR- supported regions
- Successfully piloting patient-centered approaches (especially with key populations including people who inject drugs (PWID) and men who have sex with men (MSM)-focused testing and case management) at NGO-supported sites and city AIDS centers.
- Achieving 95% viral load suppression across 12 PEPFAR-supported regions Specific

Areas of Concern:

- There is still a large group of people living with HIV, many of whom may be former injecting drug users, who are unaware of their status. Many of these individuals are identified too late, resulting in unnecessary loss of life. We must figure out how to find these individuals earlier.
- The time from diagnosis to treatment initiation has improved over the past year but is still too long. There are also a significant number of people who are diagnosed as HIV positive, but never linked to treatment.
- There is a concerning lack of retention among PWID – one third of PWID are lost to follow up within 6-18 months of antiretroviral treatment initiation.

SECTION 1: COP/ROP 2020 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2019 (EOFY) tool, and performance data, the total COP/ROP 2020 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by the relevant agency.

Table 1. COP/ROP 2020 Total Budget including Applied Pipeline

TABLE 1 : All COP 2020 Funding by Fiscal Year

OU Total	Bilateral				Central	TOTAL
	FY20	**FY19**	**FY17**	**Unspecified**	**Unspecified**	**TOTAL**
Total New Funding	**$ 27,416,037**	**$ 7,329,881**	**$ -**			**$ 34,745,918**
GHP- State	$ 26,931,453	$ 7,329,881	$ -			**$ 34,261,334**
GHP- USAID	$ -	$ -	$ -			**$ -**
GAP	$ 484,584	$ -	$ -			**$ 484,584**
Total Applied Pipeline				**$ 5,413,963**	**$ -**	**$ 5,413,963**
DOD				$ 20,618	$ -	**$ 20,618**
HHS/CDC				$ 3,426,062	$ -	**$ 3,426,062**
HHS/HRSA				$ -	$ -	**$ -**
PC				$136,686	$ -	**$ 136,686**
State				$ -	$ -	**$ -**
USAID				$ 1,830,597	$ -	**$ 1,830,597**
TOTAL FUNDING	**$ 27,416,037**	**$ 7,329,881**	**$ -**	**$ 5,413,963**	**$ -**	**$ 40,159,881**

SECTION 2: COP/ROP 2020 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $23,900,000 and the full Orphans and Vulnerable Children (OVC) level of $130,000 from Part 1 of the PLL across all funding sources. The specific earmark levels on new funding in Table 2 below are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

Table 2. COP/ROP 2020 Earmarks

TABLE 2: COP 2020 Earmarks by Fiscal Year

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	$ 6,000,000	$ -	$ -	$ 6,000,000
OVC	$ 130,000	$ -	$ -	$ 130,000
GBV	$ -	$ -	$ -	$ -
Water	$ -	$ -	$ -	$ -

** Countries should be programming to levels outlined in Part 1 of the COP 2020 Planning Level Letter. These earmark controls above represent the **minimum** amounts that must be programmed in the given appropriation year.*

TABLE 3 : All COP 2020 Initiative Controls

	COP 20 Total
Total Funding	**$ 7,130,000**
VMMC	$ -
Cervical Cancer	$ -
DREAMS	$ -
HBCU Tx	$ -
COP 19 Performance	$ 7,000,000
HKID Requirement	$ 130,000

*See Appendix 1 for detailed budgetary requirements

SECTION 3: PAST PERFORMANCE – COP/ROP 2018 Review

Table 4. COP/ROP OU Level FY19 Program Results (COP18) and FY20 Targets (COP19)

Indicator	FY19 result (COP18)	FY20 target (COP19)
TX Current Adults	**80,387**	**122,671**
VMMC among males 15 years or older		
DREAMS		
Cervical Cancer		
TB Preventive Therapy	**7,530**	**19,700**
TB Treatment of HIV Positive (TX_TB)	**1,232 (Numerator)**	
	67,371 (Denominator)	**122,671**

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 5. COP/ROP 2018 | FY 2019 Agency-level Outlays versus Approved Budget

OU/Agency	Sum of Approved COP/ROP 2018 Planning Level	Sum of Total FY 2019 Outlays	Sum of Over/Under Outlays
Ukraine			
DOD	$275,000	$261,794	$11,794
HHS/CDC	$12,738,236	$9,297,344	$3,440,892
HHS/HRSA	$2,700,000	$2,210,457	$308,948
PC	$573,000	$391,599	$181,401
State	$451,802	$84,423	$367,379
State/EUR	$700,000	$58,781	$641,219
State/SGAC			
USAID	$14,409,994	$11,085,532	$3,324,462

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 6. COP/ROP 2018 | FY 2019 Implementing Partner-level Outlays versus Approved Budget

Mech ID	Prime Partner	Funding Agency	COP/ROP1/FY 19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays ($)	Over/Under FY19 Outlays (Actual $ - Total COP/ROP18 Budget $)
18451	International Center for AIDS Care and Treatment Programs, Columbia University	HHS/CDC	$150,000	$428,489	$278,489
18211	Management Sciences for Health, Inc.	USAID	$2,000,000	$2,173,557	

Table 7. COP/ROP 2018 | FY 2019 Results & Expenditures

Agency	Indicator	FY19 Target	FY19 Result	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	58,118	77,800	133.9%	HTS	$3,250,097	64%
	HTS_TST_POS	3,772	3,578	94.9%			
	TX_NEW	32,397	15,470	47.8%	C&T	$1,374,899	43%
	TX_CURR	122,671	82,100	66.9%			
					Above Site Programs	$1,506,948	
					Program Management	$1,401,470	
PC	OVC_SERV	600	720	120%	SE	$132,160	
					PREV	$82,386	
					Above Site Programs		
					Program Management		
DOD	HTS_TST	10,008	18,751	187.4%	HTS	$46,299	100%
	HTS_TST_POS	204	93	45.6%			
					Above Site Programs	$131,635	
					Program Management	$72,066	

Agency	Indicator	FY19 Target	FY19 Result	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
USAID	HTS_TST	302,222	265,603	87.9%	HTS	$3,975,623	42%
	HTS_TST_POS	17,856	7,024	39.3%			
					C&T	$1,364,591	60%
					Above Site Programs	$2,125.503	
					Program Management	$2,850,907	
HHS/HRSA					HTS	$206,531	100%
					C&T	$1,004,652	100%
					Above Site Programs	$606,083	
					Program Management	$495.860	

COP/ROP 2018 | FY 2019 Analysis of Performance

Ukraine's key successes

- Scaling index testing and provider-initiated testing and counseling (PITC) in tandem with risk screening tool roll-out to improve the early detection of new HIV cases in PEPFAR- supported regions
- Successfully piloting patient-centered approaches (especially with key populations including people who inject drugs (PWID) and men who have sex with men (MSM)-focused testing and case management) at NGO-supported sites and city AIDS centers.
- Achieving 95% viral load suppression across 12 PEPFAR-supported regions

Ukraine's key challenges

- There is still a large group of people living with HIV, many of whom may be former injecting drug users, who are unaware of their status. Many of these individuals are identified too late, resulting in unnecessary loss of life. We must figure out how to find these individuals earlier.
- The time from diagnosis to treatment initiation has improved over the past year but is still too long. There are also a significant number of people who are diagnosed as HIV positive, but never linked to treatment.
- There is a concerning lack of retention among PWID – one third of PWID are lost to follow up within 6-18 months of antiretroviral treatment initiation.

Care and Treatment, Case Finding, OVC, TB, DREAMS, VMMC, Above-Site

1. Case Identification: While Ukraine made some observable gains in HIV case finding in COP 18, significant efforts are needed to intensify case finding. In COP 18/FY 2019, PEPFAR Ukraine achieved 49% percent of the HTS_TST_POS target and 47.8 percent of the TX_NEW target. Greater than 40% of PLHIV diagnosed in the last six months had CD4 counts less than 200, confirming those diagnosed are being identified late in disease progression combined with a large pool of undiagnosed PLHIV with higher CD4. In addition, mortality between HIV diagnosis and ART initiation has also affected linkage (with 10.5% mortality between initial HIV diagnosis, registration, and ART initiation observed at PEPFAR-supported sites in COP 18/FY19. Additional focus is needed on enhanced case management for PWID with ART initiation and retention. Specifically:

    - As the testing flagship project, Health Link achieved successes in the scale-up of index testing and provider initiated testing and counseling (PITC), with 272 new sites added since the project's launch in 2018, a 1,072% increase in testing volume, and a 405% percent increase in the number of new positives identified. Despite these achievements, continued acceleration of case finding and testing achievement is needed to exceed Health Link's 34% end of fiscal year target achievement. In COP 18/FY 2019, Health Link achieved the highest positivity from index testing, with a new positive yield of 12%. Additional testing contributions from facility-based testing (Inpatient, other PITC, STI Clinic, and TB clinic) resulted in the highest volume of case identification, with yields ranging from 2-3%. FY 19 COP 20 recommendations include strengthening Health Link's technical and organizational leadership capacity to achieve more targeted case identification and linkage commensurate with the volume of testing being performed.

    - METIDA achieved 151.6% of the HTS_POS target for FY 19, with high yields obtained from the use of social networking and optimized case finding strategies for PWID and MSM. The total number of positives identified in FY 19 exceeded FY 18 achievements by 13.5%, with greater than 90% linkage to ART. COP 20 recommendations include focusing METIDA case finding activities in all high prevalence areas of Dnipropetrovska and Odesa, targeting MSM through online activities, and leveraging METIDA case finding efforts with KPIF-supported mobile SNS and optimized case finding activities in other high burden areas.

    - While ACCESS PRO did not have testing targets, index testing and facility-based testing contributions resulted in the identification of 571 HIV positive cases and 23% yield in the identification of newly positive clients from community index testing in COP 19/FY 18.

- Serving Life case finding activities in COP 18 resulted in 78.7% target achievement, with 947 HIV positive cases identified. Greatest site yields were achieved in pre-trial detention centers and prison colony sites. Serving Life's HIV testing algorithm [inclusive of risk assessment verbal screenings, and PITC (opt- out) at entry, annual risk assessments during incarceration, HIV testing to those with unknown HIV status at pre-release, linkage of PLHIV to AIDS centers, and post-release retention and adherence monitoring]has been approved by the Ministry of Justice. Additionally, Serving Life has undertaken the routine review of CD4 data to assess the timely detection of HIV in COP 18/FY 19. Institutionalization of PITC in prison settings will be a focus in COP 19 with no additional support needed in COP 20.

- Although the Center for Public Health (CPH) did not have COP 18/FY19 testing targets, this mechanism continued to report testing achievements as part of the Fast-Track Cities initiative to complement the broader interagency effort to improve testing coverage in all high burden health facilities. By the end of FY19, the program successfully identified 147 HIV positive individuals.

- Challenge TB achieved an 85.1% contribution to the COP 18/FY19 HTS_TST_POS target for this IM. TB Clinic HTS_TST_POS site yield increased from 12% to 17% between FY 19 Q3 and FY19 Q4 with fewer HIV tests performed.

- DOD achieved a 46% HTS_TST_POS target achievement in COP 18/FY 19 through its new testing partner, IHATI, which began its support in FY 19 Q3. The current war in the Donbas region of Ukraine (inclusive of Donetsk) has created some difficulties with implementation and reporting of results.

2. Treatment: PEPFAR Ukraine reported 15,470 PLHIV were initiated on treatment in FY 2019, bringing the total treatment cohort in PEPFAR-supported regions to 82,100. This was a total net gain of 9,914 patients from FY 2018. By the end of COP 18/FY 19, a total of 5,556 HIV positive individuals were not yet linked to treatment due to losses to follow-up, new patients not returning for treatment, or patient deaths. As Ukraine makes continued progress towards 95-95-95 goals, 2nd 95 investments in retention and adherence monitoring will be needed – with a particular focus on males and 25-44 year olds. Continuing PEPFAR collaboration with the Government of Ukraine and the Global Fund is also needed to avoid ARV supply chain disruptions in TLD as continuing progress is made by the government in making TLD and other optimized ARV treatment regimens more widely available.

3. Above Site: PEPFAR Ukraine made significant progress towards advancing key systems goals, including:

    - In addition to the expansion of HIV MIS in penal settings, HIV MIS DQA results reported in FY 18 Q3 included a total of 163 ART sites passing data quality assessments, 13,318 patient records checked for compliance, and 70% of facilities checked demonstrating 90-95% data quality.

    - Approval of MOH Ukraine Order #794 on the HIV Testing Algorithm resulting in an update to national testing protocols with 4-5 rapid tests (2-3 rapid tests for initial diagnosis and 2 rapid tests to confirm HIV status at registration) is noted as an achievement but will require more proactive case management among PEPFAR implementing partners to mitigate losses to follow-up between testing and treatment.

    - PEPFAR Ukraine contributions to strengthening Government of Ukraine commodity security included support towards the establishment of a new procurement agency in collaboration with USAID/SAFE Med and the Global Fund. In COP 18/FY 19, the first TGF tender of OI medicines delivered savings of $250K. There will be a need for SAFE Med to revisit COP 19 and COP 20 supply chain plans so that PEPFAR Ukraine supply chain investments help address unmet need for HIV case finding and testing in high burden PEPFAR regions.

4. Tuberculosis (TB): In COP 18/FY 19, 89.1% of TB clients had documented HIV status, and 118.3% of HIV positive patients were on ART. Ukraine achieved a 71.9% TPT completion rate by the end of FY 19 Q4. While TPT is being implemented by the Government of Ukraine without PEPFAR support, remaining challenges with TPT scale- up include the absence of coherent TPT guidelines from the national level that streamline the same approach to TPT implementation in every region. Upcoming opportunities include adding TPT to the basic package of services as HIV and TB treatment are decentralized to the primary health care level and implementing optimal shorter treatment regimens for TPT.

5. Prevention:
    - Through the Alliance MAT Project, 3,136 clients received methadone maintenance therapy (KP_MAT) with an 87.5 percent target achievement. MAT demand creation in tandem with case identification, treatment initiation and adherence support among PWID is needed to offset the number of open or unfilled slots at Alliance MAT-supported facilities in the Dnipropetrovska, Donetsk, Kyiv City, Mikolaivska, and Odesa regions per a review of COP 18/FY 19 site-level data.

- PrEP: PEPFAR Ukraine (with support from CPH and Alliance METIDA) achieved 42% of the PrEP_NEW target in COP 18/FY 19. PrEP_NEW enrollment reached 875 MSM and FSW, with the largest proportion of PrEP_NEW achievement in Dnipropetrovska, Kyiv City, Odesa, and Zaporizhka regions. While PrEP is now being offered in primary health care facilities it is reportedly difficult to access as it requires a prescription from an infectious disease physician. Efforts to make PrEP more widely available (including exploring the potential for PrEP access at the pharmacy level) will need further exploration in COP 20/FY 21.

6. Orphans and Vulnerable Children: PEPFAR Ukraine achieved 120 % of the COP 18/FY 2019 target for OVC_SERV, providing 720 orphans and vulnerable children and caregivers with mentorship and socioeconomic support. Two thirds of OVC clients reached (499 in total) were under the age of 18, and the remaining third (221 clients in total) were over the age of 18.

7. Financial performance: USAID and HHS/CDC over-outlaid in COP 18/FY 19, largely due to delayed vouchers and closing costs. All agencies should include estimated close- out costs for FY 2021 during COP 2020 planning.

SECTION 4: COP/ROP 2020 DIRECTIVES

The following section has specific directives for COP 2020 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements in place no later than the beginning of COP/ROP 2019 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs.

For COP/ROP 2020, the failure to meet any of these requirements will result in reductions to the PEPFAR Ukraine budget. (See Section 2.2. of COP Guidance)

Table 9. COP/ROP 2020 (FY 2021) Minimum Program Requirements

	Minimum Program Requirement	**Status**	**Outstanding Issues Hindering Implementation**
Care and Treatment	1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.[1]	WHO Treatment 2016- 2018 approved as national guidance for implementation, with previous clinical protocol canceled MOH Order 794 streamlines HIV testing algorithm. Order endorsed use of RTs for HIV confirmation and enables same-day ART initiation Mentoring and supportive supervision visits by WHO National HIV clinical experts to ART sites support implementation of Test and Start Regional Round tables to support elimination of ART scale-up bottlenecks	Need for a simplified testing algorithm (in accordance with new WHO HTS guidelines) Testing by lay providers not yet available Demand creation (U=U and the need for continued scaling of patient centered approaches are key to bolstering testing and treatment initiation.

[1] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
	. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.[2]	TLD transition is on track	Better GOU commodity forecasting needed to avert supply chain bottlenecks in the availability of TLD and other combination regimens for continued progress towards ART optimization and transition from nevirapine based regimens.
	3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.[3]	3MMD is currently available.	PEPFAR Ukraine should continue to advocate for 6 MMD for stable patients.
	4. All eligible PLHIV, including children, should have been offered TB preventive treatment (TPT) by end of COP20; cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.[4]	TPT is currently provided by the Government of Ukraine. GOU policy is to provide TPT for all PLHIV that do not have active TB.	Continued advocacy is needed for the inclusion of latent TB infection and TPT in the basic package of services at the primary health care level. TPT guidelines are needed to streamline TPT implementation in all regions (both PEPFAR and Global Fund-supported).

2 Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019

3 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Continue current activities. Address remaining bottlenecks in viral load coverage in support of 3rd 95 goals and ensure implementation of MOH order #1292 which reduces VL monitoring to once a year).	None noted
Case Finding	1. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.[4]	Index testing was successfully introduced by PEPFAR Ukraine testing partners beginning in COP 17/FY 18. The greatest proportion of HTS_TST_POS yield in COP 18/FY 19 was achieved through Index, and Index Mod modalities.	COP 20/FY 21 focus needed on bringing index testing interventions to scale. (Scaling with fidelity with an emphasis on high burden raions). Self-Testing will key to engaging MSM and index clients. Case finding among adolescent and young adult age groups <40 years of age is also a remaining unmet need.
Prevention and OVC	1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV- negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-	PrEP is currently provided to HIV negative clients identified through index testing.	While PrEP is now being offered in primary health care facilities it is reportedly difficult to access as it requires a prescription from an infectious disease physician. Efforts to make PrEP more widely available (including exploring the potential for PrEP access at the

[4] Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 https://www.who.int/hiv/pub/self-testing/hiv-self-testing- guidelines/en/

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
	burden areas, high-risk HIV negative partners of index cases, key populations and adult men engaged in high-risk sex practices)[5]		pharmacy level) will need further exploration in COP 20/FY 21.
	2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	OVC services are effectively aligned to a) provide referrals to testing and treatment services to OVC ages 0-17 and b) provide support and case management for vulnerable children and adolescents living with HIV	Continuing alignment of OVC package of services with priorities for HIV case finding, testing, and linkage to HIV services is recommended in COP 20/FY 21.
Policy & Public Health Systems Support	1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical	This is not applicable for PEPFAR Ukraine.	

[5] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en).

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
	services, affecting access to HIV testing and treatment and prevention.[6]		
	2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.[7]	PEPFAR Ukraine is actively implementing CQI approaches to guide the scaling of test and start activities with fidelity – with a specific emphasis on high volume sites. CQI practices (including piloting of targeted testing approaches, enhanced site-monitoring, SIMS, and site observation techniques) have resulted in program improvements in COP 18.	All PEPFAR Ukraine implementing partners will be required to integrate CQI approaches in COP 20/FY 21 work plans with complementary monitoring activities to assess pre- and post CQI improvements. Continued participation in national quality assurance working groups will also inform national-level uptake and coverage of CQI approaches informed by PEPFAR best practices. PEPFAR Ukraine weekly and monthly data reviews are also encouraged at interagency and site-levels.
	3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	Gaps remain in evidence of treatment and viral load literacy among primary health care providers (including non-infectious disease physicians); U=U messaging interventions initiated in COP 17/FY 18 but requires further scaling.	Provider training through CQI activities needed to support treatment and viral load literacy and demand creation for treatment services. U=U messaging also requires scaling to support treatment initiation and ART optimization among PWID and MSM groups.

6 The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

7 Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
	4. Clear evidence of agency progress toward local, indigenous partner prime funding.	This is on track, with local partner NGO and Ministry of Health/CPH prime funding.	
	5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	The Government of Ukraine has continued to meet commitments for funding the HIV response with the procurement of ARVs and supporting the decentralization of HIV services to the primary health care-level.	Formalization of MOUs with NGO service providers will remain key to sustaining gains in intensified case finding and testing among PWID and PWID; inclusion of TPT (along with ARV treatment) in the basic package of HIV services will support further gains in the streamlining of HIV service provision at primary care facilities.
	6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	This is tracked within the HIV MIS.	None noted
	7. Scale-up of case-based surveillance and unique identifiers for patients across all sites.	Recency testing was included in the most recent IBBS and targeted use included in COP 2019. No further action is required in the scale-up of unique identifiers as this is already being addressed in HIV MIS implementation.	

In addition to meeting the minimum requirements outlined above, it is expected that Ukraine will:

Table 10. COP/ROP 2020 (FY 2021) Technical Directives

OU – Specific Directives
HIV Treatment
1. 2nd 95 activities should be further scaled with a more urgent focus needed on retention, including defaulter tracing; addressing LTFU early through tiered follow up with people missing appointments; addressing social determinants of retention (transportation, stigma, clinic hours), and the routine review of TX_NET_NEW and TX_ML data towards improved patient adherence and retention in services.
2. With the wider availability of patient-centered HIV testing and treatment services at primary health care facilities, a greater focus is needed on targeted demand creation (including U=U messaging) and sensitization of providers about treatment availability and opportunities for improving treatment uptake.
Case Finding
1. Index testing cascade performance can be further improved with an intensified focus on high-burden, high-yield oblasts.
2. Continue gains in the scale-up of index testing and PITC in tandem with risk screening tool roll-out and enhanced site monitoring in high priority sites. Scale risk screening and testing of active military, including linkage to treatment services for identified HIV positive cases. For continued PITC scale-up, ensure priority sites are testing for HIV when symptoms and/or risk factors warrant an HIV test.
3. Utilize data from recency testing and monitoring of newly diagnosed HIV cases to guide case finding and testing implementation.
4. Conduct routine review of CD4 data (correlated with demographic and HIV testing data) to avert late stage diagnoses and support gains in finding the well.
5. Scale existing testing activities and leverage KPIF funding contributions to HTS- TST_POS achievement via optimized case finding through mobile and community testing modalities.
6. Continue case finding momentum through better risk screening and index testing with fidelity in highest burden oblasts/districts
7. Utilize Enhanced Site Monitoring and SIMS data to address remaining bottlenecks in site-level yield and case finding.
8. Triangulate Stop Light Analyses, and oblast/rayon program-level data to improve testing and case finding among younger age groups; plan for future IBBS and other

epidemic monitoring activities to further target case finding and testing implementation.
9. Scale IM best practices in correlating case finding with review of demographic and other data for new HIV cases.
10. Target highest burden regions for intensive case finding activities and TA.
HIV Prevention
1. Support expansion of PrEP among MSM and to serodiscordant partners identified through HIV testing (including ANC, PITC, VCT, and index testing).
Viral Load Suppression
1. Support CQI activities to encourage uptake of new VL eligibility criteria and accompanying shifts in provider action as MOH order #1292 is implemented (with VL monitoring completed once every 12 months for stable patients vs. previous MOH guidelines requiring VL testing every 3-4 months)
Other Government Policy or Programming Changes Needed
1. Align commodity procurement activities with GOU priority needs for HIV case finding and testing.
2. Continue close collaboration with Global Fund for the leveraging of PEPFAR support towards improved national testing and treatment coverage in PEPFAR and Global Fund-supported regions.
3. Continue monitoring GOU progress with primary health care decentralization and streamlining of HIV services.

COP/ROP 2020 Technical Priorities

Client and Family Centered Treatment Services

COP 2020 planning must specifically and thoroughly address the challenge of interrupted antiretroviral treatment and client loss, especially among young adults. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous ART for a population that is often young and asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are convenient and fit the lives of the clients, and make it easy for patients on ART to continue treatment. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient ARV pick-up arrangements, and community and client participation in design and evaluation of services. PEPFAR Ukraine must ensure 100% “known HIV status” for biological children of TX_CURR clients (15+), including chart review and retrospective elicitation of eligible biological children.

Community-led Monitoring
In COP 20, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)
Groups to be prioritized for PrEP include those testing negative in index testing but remaining at increased risk of HIV acquisition by virtue of unprotected exposure to a PLHIV with unsuppressed viral load, key populations including sex workers, men who have sex with men, transgender persons, people who use drugs, adolescent girls and young women, including pregnant and breastfeeding women, in areas with high HIV incidence or with high risk partners, and other identified serodiscordant couples. (Groups will be tailored to country context).

TB Preventive Treatment (TPT)
TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP20; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

OVC
To support the Minimum Program Requirement described above, in COP 20 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, case conferencing, shared confidentiality, and joint case identification. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

PLHIV Stigma Index 2.0
PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised Stigma Index 2.0, or complement Global Fund or other donors financing implementation of the Stigma Index 2.0, if it has not already been implemented in the OU. This revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma, and can inform future HIV program planning. If the revised Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 20, whether supported by PEPFAR or other resources.

COP/ROP 2020 Stakeholder Engagement (see section 2.5.3 of COP Guidance)

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP/ROP 2020 remains a requirement for all PEPFAR programs, and as such the COP/ROP 2020 process will engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2019 Q4 and FY 2019 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2020 in order to introduce and discuss all COP/ROP 2020 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2020. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund New Funding requests with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2020, PEPFAR will convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Atlanta, GA where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations and multilateral partners. Specific guidance for the 2020 meeting delegations have been provided elsewhere. Engagement with all stakeholders is required beyond the meetings and throughout the COP/ROP 2020 development and finalization process. As in COP/ROP 2019, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2020 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Table 11. COP/ROP 2020 New Funding Detailed Controls by Initiative

TABLE 11: New Funding Detailed Initiative Controls

	COP 2020 Planning Level									
	FY20			FY19			FY17			COP 20 Total
	GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP	
Total New Funding	$ 26,931,453	$ -	$ 484,584	$ 7,329,881	$ -	$ -	$ -	$ -	$ -	$ 34,745,918
Core Program	$ 19,801,453	$ -	$ 484,584	$ 7,329,881						$ 27,615,918
COP19 Performance	$ 7,000,000									$ 7,000,000
HKID Requirement ++	$ 130,000									$ 130,000
										$ -
										$ -
										$ -
										$ -

++DREAMS countries with GHP-USAID funding can use FY20 GHP-USAID funding to meet their FY20 HKID Requirement. These countries include: Kenya; Nigeria; South Africa; Tanzania; Uganda; and Zambia

Care and Treatment: If there is no adjustment to the COP/ROP 2020 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment amount from Part 1 of the planning level letter across all funding sources. Additionally, due to Congressional earmarks, some of the care and treatment requirement must be programmed from specific funding sources, as indicated above in Table 2. Your care and treatment requirement for the purposes of Congressional earmarks is calculated as the sum of total new FY 2020 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS, HLAB budget codes, 80% of the total funding programmed to the MTCT budget code, and 50% of the total funding programmed to the HVCT budget code.

Orphans and Vulnerable Children (OVC): Countries must program to the full OVC amount from Part 1 of the planning across all funding sources. Your OVC requirement is made up of the HKID Requirement (see details below) and 85% of the DREAMS non-HKID programmed funds for all new FY 2020 funds. Additionally, due to Congressional earmarks, some of the OVC requirement must be programmed from specific funding sources, as indicated above in Table 2. The COP 2020 planned level of new funds for the OVC earmark can be above this amount; however, it cannot fall below it.

HKID Requirement: OU's COP/ROP 2020 minimum requirement for the HKID budget code is reflected in Table 3 and is a subset of the OVC earmark. Your COP/ROP 2020 HKID requirement is derived based upon the approved COP/ROP 2019 HKID level inclusive of OVC and prevention intervention for children under 19 budget codes. The COP/ROP 2020 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): OU's COP/ROP 2020 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total ***new FY 2020*** *funding programmed to the GBV cross-cutting code. Your COP/ROP 2020 earmark is*

derived by using the final COP/ROP 2019 GBV earmark allocation as a baseline. The COP/ROP 2020 planned level of new FY 2020 funds for GBV can be above this amount; however, it cannot fall below it.

Water: OU's COP/ROP 2020 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total ***new FY 2020 funding*** *programmed to the water cross-cutting code. Your COP/ROP 2020 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2020 planned level of new FY 2020 funds for water can be above this amount; however, it cannot fall below it.*

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal ***by agency*** *by the end of FY20 and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP/ROP 2019 submission.*

COP/ROP 2020 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in Ukraine should hold a 3-month pipeline at the end of COP/ROP 2020 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP/ROP 2019 implementation (end of FY 2020) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP/ROP 2020, decreasing the new funding amount to stay within the planning level.