United States Department of State

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INFORMATION MEMO FOR:
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AMBASSADOR W. PATRICK MURPHY, CAMBODIA
AMBASSADOR KENNETH I. JUSTER, INDIA
AMBASSADOR SUNG Y. KIM, INDONESIA
AMBASSADOR WILLIAM MOSER, KAZAKHSTAN
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CHARGÉ D'AFFAIRES JOHN C. LAW, PHILIPPINES
AMBASSADOR JOHN MARK POMMERSHEIM, TAJIKISTAN
AMBASSADOR MICHAEL G. DeSOMBRE, THAILAND

FROM: S/GAC Co-Chair, Erin Eckstein
S/GAC Co-Chair, Sarah Dominis
S/GAC PEPFAR Program Manager, Emily Coard
S/GAC PEPFAR Program Manager, Erin Riley

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

SUBJECT: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassadors and Chargé D'Affaires:

I sincerely hope that this note finds you and your team well, safe, and healthy. We are grateful for your leadership protecting staff through this difficult time.

This year has brought unprecedented challenges with the COVID-19 pandemic impacting the entire global community. Despite obstacles faced, what has remained unwavering is the tireless commitment and incredible resiliency of our PEPFAR program, partners, and team across the over 50 countries in which we work. This includes rapid program adaptations, emerging innovations, and client-centered solutions to ensure continuity of HIV services. As the threat of COVID-19 has impacted PEPFAR countries, PEPFAR country teams and programs have proven to be focused and resilient in the face of dual pandemics of HIV and COVID-19.

PEPFAR implementation over the past year has shown tremendous effort to maintain clients on treatment, initiating and accelerating client centered service delivery adaptations, while doing what was possible in HIV prevention programs deeply affected by COVID-19 shutdowns. The following themes have emerged across all of PEPFAR-supported countries; As the economic impact of COVID continues to be seen at both national and community levels, it is more important than ever to use granular data and expand what is working in specific SNUs for viral load coverage and suppression. We saw differential progress in this area independent of the impact of COVID-19. Focus groups and deep analytics of client returning to care are essential to ensure we are addressing the critical persistent and new structural barriers. Focus on areas

of recent treatment interruption to understand how COVID may have created or exacerbated barriers to access and treatment continuity is also essential. Across all countries we see persistent gaps in pediatric diagnosis, treatment and viral suppression. Community-led monitoring (CLM) must raise visibility and appropriate response to the needs of populations already vulnerable before COVID. Furthermore, analyzing expenditures at mechanism and program areas level, along with the work teams have done, to build relationships and co-planning with your partner governments, the Global Fund (GF), UN organizations and other donors. These relationships and planning efforts are critical to supply chain stability for key commodities as well as understanding COVID relief and other potential funding available in country to ensure most effective and efficient use of PEPFAR's contributions to the national HIV response in COP21.

We understand that specific programs will have carryover and others may not and these funds will be critical to ensure stabilization and expansion of critical prevention programming.

The COVID pandemic also laid bare the depth and breadth of inequities still across the globe and clear evidence that when constrained, Ministries of Health (MOH), and governments make choices that differentially impact specific programming areas and specific populations. The pandemic revealed vulnerabilities in our non-public sector community efforts that we knew were present, and are now fully exposed, as these specific activities were the first to be dropped. Communities of women and children, and key populations including men who have sex with men, transgender individuals, sex workers, people who inject drugs, and people in prisons and other closed settings are not being adequately and sustainably supported by public-sector mechanisms. We have lost ground in all of our prevention services for all populations and for our most vulnerable and marginalized populations and must make every effort to recover.

Despite the disruptions caused by the COVID-19 pandemic, a number of countries have shown a level of resiliency were achieving epidemic control of HIV, and others are on the brink of epidemic control. With continued implementation, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach Country/Regional Operational Plan 2021 planning and implementation: advancing client-centered services; engaging with communities; implementing resilient and adaptive approaches; and supporting capacities for sustainable epidemic control.

We commend you and your teams for your attention to the adoption and implementation of the public health policies that have the greatest impact on HIV, particularly as these very policies are critical to ensuring sustained HIV services during COVID-19. Also, we appreciate your role in supporting PEPFAR teams through this challenging period, and continuing to hold implementing partners accountable for their performance.

We are grateful to your incredible PEPFAR teams in country, working together across agencies to ensure the most effective and efficient use of U.S. taxpayer dollars. We know there are strengths and weaknesses across the board and across the implementing agencies; and we look forward to working together to support those strengths and address those challenges.

We are very excited about your progress in:

- **Coalescing as a region**: As of ROP 20, the Asia Region includes: Burma, Cambodia, India, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Nepal, Papua New Guinea, Tajikistan, and Thailand. Additionally, the Philippines has been added. Furthermore, a virtual retreat for the region was held and strategies are being developed based on feedback to strengthen regional cooperation and maximize the resources and assets distributed across the region.

- **Multi-month dispensing (MMD):** MMD is being scaled up in many countries across the Asia Region and 57% of People Living with HIV (PLHIV) at PEPFAR-supported sites are receiving at least 3-months supply of antiretroviral medications (ARVs).
- **Viral Load Suppression (VLS):** As of FY20 Q4, MER VLS is greater than 90% in PEPFAR-supported sites in 8 out of the 10 countries who have reported VLS to date.

Together with the Governments of the Asia Region and civil society leadership we have made tremendous progress together. The Asia Region should be proud of the progress made over the past 18 years of PEPFAR implementation and we are deeply grateful for the ongoing deep coordination with the Global Fund and UNAIDS.

Throughout the PEPFAR family of supported countries and communities, including the assessment of possible deficits in programming arising from COVID-19 our fundamental challenges continue and we again highlight 5 overarching issues we see across PEPFAR:

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. Ensuing all children are diagnosed and are on the best treatment regimens and virally suppressed

Moreover, we note the following specific key challenges in the PEPFAR Asia Region:

- **Variable achievement across the region:** Countries throughout the Asia Region demonstrate differing results on key program indicators and UNAIDS 90-90-90 goals. While some countries have reached or nearly reached epidemic control, others remain very far behind.
- **Client Retention and linkage to treatment:** Some countries in the Asia Region continue to struggle with maintaining clients on treatment once they have been initiated. Some countries also experience low linkage to treatment among Key Populations (KP) such as sex workers (SW) and people who inject drugs (PWID).
- **High-yield testing modalities:** A transition from lower-yield testing modalities to index testing is needed to continue progress towards epidemic control. In the Regional Operational Plan (ROP)19, index testing scale up was impacted by COVID-19 restrictions, and the need to ensure assessments for safe and ethical practices.
- **Translating PEPFAR successes to scale:** In many cases, PEPFAR has been able to demonstrate successful programmatic approaches and influence key policy advances across the clinical cascade. Given PEPFAR's limited geographic range in many countries, the challenge remains how to ensure those best practices are maximally scaled by governments and other stakeholders in order to reach and sustain epidemic control.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying ROP 21 PEPFAR Planned Allocation and Strategic Direction Summary.

Consistent with the approach from last year, PEPFAR teams will once again be responsible for setting their targets in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's, but flow directly from the partner country government's commitment to the UNAIDS and the Sustainable Development Goals (SDG) three goals. Since 2016, PEPFAR and the Global Fund 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 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. Within the Asia Region, several countries have made substantial progress and are on track to achieve 2030 goals. We are learning from those countries in the Region kas they show us the pathway to success of controlling the HIV epidemic in their countries. Other countries are behind and need to accelerate.

S/GAC will not assign targets to countries, but only provide notional budget levels sufficient to support countries in achieving the full SDG goal and sustain gains made. **Teams will develop their own targets across PEPFAR program areas, with the treatment current target no less than the result that was to be achieved in ROP 2020.** After the PEPFAR country team submits their ROP 21 targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Regional Operational Plan (ROP 2021) notional budget for the Asia Region is **$110,000,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program direction provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Host Governments and civil society organizations (CSO) of the Asia Region, believes is critical for the countries' progress towards controlling the pandemic and maintaining control.

We are hoping this 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 ROP. 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.

PEPFAR, with partner governments, multilateral partners, and communities, continues to move rapidly toward control of the HIV pandemic and plan for sustainability of programs. Achieving epidemic control for HIV will be a remarkable accomplishment, saving millions of lives, significantly lowering the burden of HIV/AIDS in countries and communities, reducing the future costs required to sustain the HIV response, and building sustainable public health systems capacity in host countries.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our Country Accountability and Support Team (CAST) teams, will plan to review this planning letter and details contained, herein, with your wider PEPFAR country team. Where PEPFAR successfully navigated disruption due to COVID-19 during 2020, it was a result of strong teams, local partners, communities, dedicated health, and community workers, leveraging longstanding capacities, and platforms established by PEPFAR. Our teams, partners, and communities worked together to adapt and further innovate program implementation and models of service delivery so that the adverse impacts of a dual pandemic threat on essential HIV services were mitigated. Stakeholder engagement is essential for a productive and impactful planning process. Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual 2021 COP planning and approval process.

I am so grateful to you and all of your teams for your leadership and engagement in the planning, review and implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) program, along with the community and Government to enhance PEPFAR's program impact.

Sincerely,

Deborah Birx

Attachment: **Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction Summary.**

CC: S/GAC – **Chair and PPM, list names, PEPFAR Country Coordinator**
Erin Eckstein, Co-Chair, Sarah Dominis, Co-Chair, Emily Coard, PEPFAR Program Manager, Erin Riley, PEPFAR Program Manager, and Kristin Cooney, PEPFAR Coordinator

Overview: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly PEPFAR Oversight and Accountability Response Team (POARTs), the agency self-assessments and from Headquarters' CAST, a thorough program review of your country over time has been conducted. This includes the end of year results of the Regional Operational Plan (ROP) 2019 and current ROP 2020 implementation as we plan for ROP 2021. We have noted the following key successes and challenges:

Successes (expanded from introduction):

- **Successfully coalescing as a region:** As of ROP 20, the Asia Region includes: Burma, Cambodia, India, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Nepal, Papua New Guinea, Tajikistan, and Thailand. Additionally, the Philippines has been added. Furthermore, a virtual retreat for the region was held and strategies are being developed based on feedback to strengthen regional cooperation and maximize the resources and assets distributed across the region. The retreat allowed staff in the region to discuss and prioritize a number of barriers and challenges, and develop recommendations to increase collaboration and knowledge sharing within the region. This work is on-going.
- **Multi-month dispensing:** MMD is being scaled up in many countries across the Asia Region and 57% of PLHIV at PEPFAR-supported sites are receiving at least 3-months supply of ARVs. In Q4, Kazakhstan had the greatest proportion of PLHIV on 3-5 months ARV dispensing quantity and Thailand reported the most PLHIV on >6 months ARV dispensing quantity.
- **Viral Load Suppression:** The Asia Region is reporting VLS greater than 90% in PEPFAR-supported sites in 8 out of the 10 countries as of FY20 Q4. India and Kazakhstan are not far behind their counterparts with a VLS of 84% and 87% respectively while Burma, Laos, and Thailand achieved 95% VLS or greater.

Challenges (expanded from introduction):

- **Variable achievement across the region:** Countries throughout the Asia Region demonstrate differing results on key program indicators and UNAIDS 90-90-90 goals. While some countries have reached or nearly reached epidemic control, others remain very far behind.
- **Linkage to Treatment and Continuity of Treatment:** Some countries in the Asia Region continue to struggle with maintaining clients on treatment once they have been initiated. Some countries also experience low linkage to treatment among KPs such as sex workers (SW), people who inject drugs (PWID), and transgender (TG).
    - For transgender populations, linkage to treatment is 76% for the region with the lowest linkage in Thailand at 53% and the highest in Laos at 280% for FY20.
    - The Asia Region's average retention proxy in Q4 was 92%. Tajikistan achieved the highest retention proxy with 101% and Kyrgyz Republic had the second highest with 97% while Laos reported the lowest at 89%. In some cases, addition of new sites masked challenges with treatment interruption in the data. In India, 6 priority sub-national units

reported less than 80% retention proxy for Q4r with a range of 42% in Nellore and 79% in Rangareddy. In PNG, program data shows all sites experienced patient loss with 2 sites reporting losses of greater than 8% in FY20.

- **High-yield testing modalities:** A transition from lower-yield testing modalities to index testing is needed to continue progress towards epidemic control. Index testing volume continues to be impacted by COVID-19 restrictions and concerns over safe and ethical practices.
    - 57% achievement in index testing targets during FY20 with a decrease in index testing in Q3 and a slight increase in Q4.
    - FY20 Average all modality testing yield for the region is 3.3% ranging from 1.4% in Indonesia to 32% in Laos.
- **Translating PEPFAR successes to scale:** In many cases, PEPFAR has been able to demonstrate successful programmatic approaches and influence key policy advances across the clinical cascade. Given PEPFAR's limited geographic range in most countries, the challenge remains how to ensure those best practices are maximally scaled by governments and other stakeholders in order to reach and sustain epidemic control.
- **Viral Load Coverage (VLC):** Although the region is generally demonstrating increasing VLS in the sites and among the populations it serves, ensuring VLC remains a challenge. VLC was lowest in Nepal with reporting only in Q3 and 4 with 16% and 21% respectively. PNG had a decreasing VLC with 61% in Q1 and ending with 41% on Q4, with an overall reporting of 53% for FY20. VLC was highest at Q4 in Kyrgyz Republic at 95%.
- **Key populations:** Some indicators related to transgender are lower than other KP groups such as linkage to treatment (75%) and testing yield (6%). The same trend is noticeable for FSWs with testing yield (1.8%).

In ROP 20, 11 countries within the PEPFAR Asia Regional Program were categorized into three tiers based upon ROP 19 performance and progress toward epidemic control. The tier structure will be used again for ROP 21 as an organizing framework. There are no major changes to the tier structure except to add the Philippines to Tier 2.

Tier 1: Sustain the Gains
Countries are at or near epidemic control and 90-90-90 and should focus on closing remaining gaps, sustaining epidemic control, lessons learned and leadership roles in the region including:

- Continue to work with UNAIDS and GFATM to develop sustainability plan
- Scale-up recency, PrEP, and CBS, to ensure strategic case finding
- Support and/or institutionalize CSOs to become social enterprises in order to deliver quality HIV/AIDS services, including KP-friendly services, including the new KP-led CSO Sustainability activities
- Ensure adherence to PEPFAR's COP 21 Guidance (Section 2.3.2) on Case-Finding Approaches given ART coverage rates in this tier
- Empower these countries to become regional TA providers

***Countries*: Burma, Cambodia, Kyrgyz Republic, Nepal, Tajikistan, and Thailand**

Tier 2: Accelerate and Achieve
Countries are not at epidemic control, but opportunities exist to make progress in ROP 21

- Strengthen national systems and services for KP case management, SDART, 6 MMD, and VL coverage

- Ensure high yield KP case finding strategies, including safe and ethical index testing, social network and self-testing
- Institutionalize Minimum Program Requirements (MPRs), including PrEP, recency and CBS
- Support KP CSO-led service delivery and monitoring mechanisms

***Countries*: India, Lao PDR, Philippines**

Tier 3: Protect the Investment

- Despite substantial investments by PEPFAR and others, historical challenges in achieving UNAIDS 90-90-90 benchmarks
- Develop sustainability plan and ensure sustainability of incentive fund achievements where applicable and institutionalize MPRs
- Service delivery focuses on index testing and ensuring treatment continuity

***Countries:* Kazakhstan, Indonesia, Papua New Guinea**

SECTION 1: ROP 2021 PLANNING LEVEL Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2020 (EOFY) tool, and performance data, the total ROP 2021 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency. Due to increased costs in FY 2020, including those due to COVID, and correspondingly lower applied pipeline going into ROP21, ROP envelopes have been decreased in some OUs so that S/GAC has funds reserved to address program gaps identified by PHIAs that have yet to be completed and to address other potential future requirements as the impacts of COVID on the program are better known. These funds will be allocated to OUs at a later date as appropriate.

TABLE 1: All ROP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	**FY20**	**FY19**	**Unspecified**	**FY21**	**FY20**	**FY19**	**Unspecified**	**Total**
Total New Funding	**$83,457,718**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$88,858,026**
GHP-State	$83,457,718	$ -	$ -		$ -	$ -	$ -		**$83,457,718**
GHP-USAID	$ -				$ -	$ -	$ -		**$ -**
GAP	$5,400,308				$ -	$ -	$ -		**$5,400,308**
Total Applied Pipeline	**$ -**	**$ -**	**$ -**	**$21,141,974**	**$ -**	**$ -**	**$ -**	**$ -**	**$21,141,974**
DOD	$ -	$ -	$ -	$ 88,045				$ -	**$ 88,045**
HHS/CDC	$ -	$ -	$ -	$8,248,512				$ -	**$8,248,512**
HHS/HRSA	$ -	$ -	$ -	$ -				$ -	**$**
PC	$ -	$ -	$ -	$ -				$ -	**$ -**
State	$ -	$ -	$ -	$				$ -	**$ -**
USAID	$ -	$ -	$ -	$ 12,273,666				$ -	**$ 12,273,666**
USAID/ WCF	$-	$-	$-	$531,751					**$531,751**
Total Funding	**$88,858,026**	**$ -**	**$ -**	**$21,141,974**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 110,000,000**

TABLE 1a: Asia ROP 2021 Country Allocation

ROP 21	Asia Region Total ROP 2021 Planning Level: $110,000,000 ROP (Bilateral) [new + applied pipeline]
Total	**$110,000,000**
Burma	$15,261,000
Cambodia	$7,000,000
India	$22,639,000
Indonesia	$9,500,000
Kazakhstan	$3,400,000
Kyrgyzstan	$3,900,000
Lao PDR	$2,000,000
Nepal	$10,400,000
Papua New Guinea (PNG)	$4,000,000
Philippines	$10,000,000
Tajikistan	$3,900,000
Thailand	$13,000,000
Asia Region (Regional Activities & PARCU)	$5,000,000

SECTION 2: ROP 2021 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $30,000 of the Planning Level Letter (PLL) across all funding sources. These earmark levels on new funding 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 Funding Allocation to Strategy Tool (FAST).

TABLE 2: ROP 2021 Earmarks by Appropriation Year*

Earmarks	ROP 2021 Planning level			
	FY21	FY20	FY19	TOTAL
C&T	**$30,000,000**	**$ -**	**$ -**	**$30,000,000**
OVC	**$ -**	**$ -**	**$ -**	**$ -**
GBV	**$ -**	**$ -**	**$ -**	**$ -**
Water	**$ -**	**$ -**	**$ -**	**$ -**

**Only GHP-State and GHP-USAID will count towards the earmarks (Care and Treatment, OVC, GBV, and Water).*

TABLE 3: ROP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	**$ 110,000,000**	$ -	**$ 110,000,000**
Core Program	$ 110,000,000	$ -	**$ 110,000,000**
Cervical Cancer	$ -	$ -	$ -
Community-Led Monitoring	$ -	$ -	$ -
Condoms (GHP-USAID Central Funding)	$ -	$ -	$ -

DREAMS	$ -	$ -	$ -
HBCU Tx	$ -	$ -	$ -
One-time Conditional Funding	$ -	$ -	$ -
One time Conditional Funding	$ -	$ -	$ -
Surveillance and Public Health Response	$ -	$ -	$ -
VMMC	$ -	$ -	$ -

**See Appendix 1 for detailed budgetary requirements and other budgetary considerations.*

TABLE 4: State ICASS Funding

	Bilateral			
	FY21	**FY20**	**FY19**	**Unspecified**
ICASS	**$**93,837	**$ -**	**$ -**	**$ -**

SECTION 3: PAST PERFORMANCE – ROP 2019 Review

Table 5. ROP OU Level FY20 Program Results (ROP19) against FY21 Targets (ROP20)

Asia Region		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current <15	8,258	11,270
TX Current >15	449,516	347,237
TB Prevention Therapy	118,207	171,502

Burma		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	8,672	11,080
TX New Adults	2,128	2,714
PrEP New	178	2,441
PrEP Current	178	2,921

India		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	344,155	221,922
TX New Adults	19,040	22,155
TX TB	130,550	226,444
OVC_HIVSTAT	31,110	40,000
PrEP New	11	900
PrEP Current	11	930

Indonesia		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	25,963	33,281
TX New Adults	4,705	855

Kazakhstan		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	3,699	4,362
TX New Adults	770	487

Kyrgyz Republic		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)

TX Current Adults	3,170	5,219
TX New Adults	569	889
PrEP Current	8	81
PrEP New	7	1,300

Lao PDR		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	6,973	7,169
TX New Adults	1,141	1,121

Nepal		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	13,391	18,105
TX New Adults	1,775	3,300
PrEP Current	9	3,011
PrEP New	9	2,881

PNG		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	5,047	5,977
TX New Adults	1,373	300

Tajikistan		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	4,670	7,041
TX New Adults	679	1,200

Thailand		
Indicator	FY20 result (ROP19)	FY21 target (ROP20)
TX Current Adults	68,023	44,351
TX New Adults	6,164	5,398
PrEP Current	10,865	7,775
PrEP New	5,725	6,495

Table 6. ROP 2019 | FY 2020 Agency-level Outlays versus Approved Budget

Asia Region ROP19 Over or Under Outlay Data by Agency

Agency	Sum of Approved COP/ROP 2019 Planning Level	Sum of Total FY 2020 Outlays	Sum of Over/Under Outlays
Planned			
DOD	270,000	84,267	185,733
HHS/CDC	38,899,747	29,228,223	9,671,524
HHS/HRSA	4,311,546	1,898,878	2,412,668
State	160,000	95,554	64,446
USAID	105,081,240	54,335,584	50,745,656
Grand Total	**148,722,533**	**85,642,506**	**63,080,027**

Table 7. ROP 2019 | FY 2020 Implementing Partner-level Significant Over-Outlays versus Approved Budget

Operating Unit	Mechanism ID	Partner Name	Funding Agency	Total Planning Level	Total Outlays	Outlay Delta Check
Cambodia	18633	FHI Development 360 LLC	USAID	$2,325,000	$3,593,426	($1,268,426)
Kazakhstan	102078		USAID	$682,348	$1,215,428	($533,080)
Tajikistan	100178	Population Services International	USAID	$2,100,000	$2,484,788	($384,788)
Cambodia	17570	Chemonics International, Inc.	USAID	$250,000	$431,446	($181,446)
Kazakhstan	100176	Population Services International	USAID	$600,000	$771,072	($171,072)
Kyrgyzstan	102082		USAID	$256,838	$341,707	($84,869)
Kazakhstan	100190	Central Asian Association of People Living with HIV	USAID	$60,000	$79,761	($19,761)
Indonesia	104070		DOD	$75,000	$84,267	($9,267)

Table 8. ROP 2019 | FY 2020 Results & Expenditures

OU Asia Region (By Country)	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
Burma	**Funding Agencies: HHS/CDC, HHS/HRSA, USAID**						
Burma	**HTS_TST**	27,008	**34,663**	128%	HIV Testing	$727,390	52%
	HTS_TST_POS	4,925	**3,371**	68%			
	TX_NEW	3,483	**2,128**	61%	Care and Treatment	$1,784,083	52%
	TX_CURR	10,405	**8,672**	83%			
	PrEP_CURR	2,000	**178**	9%	PrEP	$591,310	58%
	PrEP_NEW	2,000	**178**	9%			
				Above Site Programs		$3,044,580	
				Program Management		$1,670,529	
Cambodia	**Funding Agencies: HHS/CDC, HHS/HRSA, USAID**						
Cambodia	**HTS_TST**	-	**-**	-	HIV Testing	$207,355	100%
	HTS_TST_POS	**-**	**-**	-			
	TX_NEW	**-**	**-**	-	Care and Treatment	$378,422	-
	TX_CURR	**-**	**-**	-			
				Above Site Program		$3,709,575	
				Program Management		$1,220,403	
India	**Funding Agencies: HHS/CDC, HHS/HRSA, USAID**						
India	**HTS_TST**	19,198	**12,003**	63%	HIV Testing	$1,816,101	32%
	HTS_TST_POS	4,148	**2,853**	69%			
	TX_NEW	23,934	**19,040**	80%	Care and Treatment	$3,646,943	3%
	TX_CURR	204,889	**344,155**	168%			
	OVC_SERV	50,059	**48,613**	97%	OVC Beneficiary	-	-
	PrEP_CURR	255	**11**	5%	PrEP	$141,521	23%
	PrEP_NEW	225	**11**	5%			
				Above Site Program		$1,322,532	
				Program Management		$2,185,184	
Indonesia	**Funding Agencies: DOD, USAID**						
Indonesia	**HTS_TST**	4,160	**405,319**	9,743%	HIV Testing	$822,775	100%
	HTS_TST_POS	915	**5,590**	61%			
	TX_NEW	821	**4,705**	573%	Care and Treatment	$2,455,986	93%
	TX_CURR	14,751	**25,963**	176%			
				Above Site Program		$2,204,944	
				Program Management		$2,513,173	

Kazakhstan	**Funding Agencies: HHS/CDC, USAID**						
Kazakhstan	**HTS_TST**	1,538	**1,187**	77%	HIV Testing	$201,714	61%
	HTS_TST_POS	116	**158**	136%			
	TX_NEW	346	**770**	223%	Care and Treatment	$382,742	56%
	TX_CURR	3,223	**3,699**	115%			
				Above Site Program		$215,590	
				Program Management		$435,005	
Kyrgyzstan	**Funding Agencies: HHS/CDC, USAID**						
Kyrgyzstan	**HTS_TST**	2,726	**3,981**	146%	HIV Testing	$649,489	49%
	HTS_TST_POS	499	**369**	74%			
	TX_NEW	1,385	**569**	41%	Care and Treatment	$913,202	51%
	TX_CURR	5,219	**3,170**	61%			
	PrEP_CURR	61	**8**	13%	PrEP	$32,412	100%
	PrEP_NEW	81	**7**	9%			
				Above Site Program		$499,864	
				Program Management		$1,778,018	
Laos	**Funding Agencies: HHS/CDC, USAID**						
Laos	**HTS_TST**	977	**740**	76%	HIV Testing	$94,467	100%
	HTS_TST_POS	294	**239**	81%			
	TX_NEW	320	**1,141**	357%	Care and Treatment	$187,632	100%
	TX_CURR	5,655	**6,973**	123%			
				Above Site Program		$171,960	
				Program Management		$145,587	
Nepal	**Funding Agencies: USAID**						
Nepal	**HTS_TST**	40,028	**30,394**	76%	HIV Testing	$1,006,909	100%
	HTS_TST_POS	1,521	**1,276**	84%			
	TX_NEW	1,925	**1,775**	92%	Care and Treatment	$1,503,543	100%
	TX_CURR	3,439	**13,391**	389%			
	PrEP_CURR	315	**9**	3%	PrEP	-	-
	PrEP_NEW	315	**9**	3%			
				Above Site Program		$227,545	
				Program Management		$1,276,411	
PNG	**Funding Agencies: HHS/CDC, HHS/HRSA, USAID**						
PNG	**HTS_TST**	853	**11,160**	1,308%	HIV Testing	$75,802	100%
	HTS_TST_POS	171	**752**	440%			
	TX_NEW	382	**1,373**	359%	Care and Treatment	$1,273,459	32%
	TX_CURR	4,980	**5,047**	101%			
				Above Site Program		$906,525	

				Program Management		$1,400,688	
Tajikistan	**Funding Agencies: HHS/CDC, USAID**						
Tajikistan	**HTS_TST**	13,755	**15,532**	113%	HIV Testing	$618,771	81%
	HTS_TST_POS	2,571	**841**	33%			
	TX_NEW	2,899	**679**	23%	Care and Treatment	$935,454	59%
	TX_CURR	7,041	**4,670**	66%			
	PrEP_CURR	106	**-**	-	PrEP	$19,573	-
	PrEP_NEW	140	**-**	-			
				Above Site Program		$416,321	
				Program Management		$1,554,709	
Thailand	**Funding Agencies: HHS/CDC, USAID**						
Thailand	**HTS_TST**	39,762	**103,667**	261%	HIV Testing	$2,644,821	96%
	HTS_TST_POS	4,746	**5,165**	109%			
	TX_NEW	5,208	**6,164**	118%	Care and Treatment	$1,793,167	42%
	TX_CURR	44,246	**68,023**	154%			
	PrEP_CURR	6,713	**10,865**	162%	PrEP	$1,312,481	80%
	PrEP_NEW	5,299	**5,725**	108%			
				Above Site Program		$2,570.971	
				Program Management		$2,172,473	

ROP 2019 | FY 2020 Analysis of Performance

Country Level Analysis:

Tier 1: Sustain the Gains

Burma:

- The PEPFAR program continues to have a high volume of testing in low yield "other Provider-Initiated Testing and Counseling (PITC)"; it is the modality with the second highest volume but the lowest case finding yield at 2.8%. Other case-finding modalities continue to demonstrate higher yields.
- To respond to persistent barriers in linking diagnosed patients to treatment, sometimes amongst multiple partners and service delivery sites, PEPFAR Burma conducted an exercise to trace the patient journey, identify potential solutions, and work with the government to make programmatic and policy changes. Improvements were seen by Q4, with program data showing increases in linkage from 61-78% among PWID, 94% to more than 100% among MSM, and 62% to 98% among FSW. However, challenges remain in remote areas and among PWID.
- MMD has improved with 76% of PLHIV at PEPFAR sites on MMD and 23% on 6+ MMD.
- VLC varied throughout FY20. There was a significant decrease after loss of a partner and several sites were no longer part of the PEPFAR program. The program reported a VLC percentage of 74% in FY20 Q4. National VLC is improving year over year, but remains a major challenge.

- PrEP roll out was delayed and also impacted by COVID-19 restrictions; PEPFAR Burma achieved only 9% of their targets for patients currently on PrEP. Rapid scale up is planned for ROP 20.

Cambodia:

- Index testing has been rolling out, though there are some challenges related to acceptance and elicitation of contacts.
- Cambodia has progressed in regards to implementation of case-based surveillance with development and initial implementation by the end of ROP 19. In ROP 20, national roll out of the CBS system is expected to occur with a greater proportion of clinics having access to the system.
- The number of PrEP recipients and number of sites offering PrEP has been steadily increasing.
- The national program is progressing with TLD transition, reporting high percentages of new ART initiation are on TLD. Similarly, increasing percentages of new PLHIV on treatment are initiating within 7 days; 3+MMD is also increasing.

Kyrgyz Republic:

- The program struggled to meet planned targets in ROP 19, particularly with case finding and treatment initiation.
- PrEP has begun implementation though not until later in the year; thus, target achievement was low.
- Index testing shows a low yield (11%) compared to the region's average (23%), the index testing program and staff were impacted by COVID. HIVST has expanded.
- Community based ART guidelines were approved this year, and TLD transition has progressed with 76% of PLHIV on TLD. MMD has also progressed with a growing percentage of PLHIV on 3+MMD.
- TX_NEW targets were premised on being able to return a significant number of previously diagnosed, but never initiated, PLHIV back to care. COVID-19 and other circumstances proved challenging.
- The program has strengthened its site level analyses and is working to address negative TX_NET_NEW.
- Both VLC and VLS are improving quarter over quarter, though just under 20% of sites are not achieving standard benchmarks for VLC and VLS.

Nepal:

- PrEP was initiated in Q4 and the program was delayed due to the delivery of supplies. 19 PEPFAR sites provided PrEP services as of November 30, 2020 and PrEP_NEW data reported 142 PEPFAR-supported PLHIV as of Q4.
- HTS_TST_POS was 84% achievement overall, with interruption in implementation of index testing. The case finding rate for Q4 in Nepal was 5.5% with an overall case finding of 4.2% for FY20.
- Same-day ART initiation at PEPFAR sites increased from 6% (Q1) to 17% (Q4) and within seven-day ART has been increased from 58% (Q1) to 71% (Q4) in Nepal.
- The program met 92% of TX_NEW targets. Despite the COVID-19 interruptions, the project districts transitioned to TLD with an overall 77% of clients on ART.
- Viral load coverage was reported as 21% in Q4 of FY20; VLS was at 94.5%.

Tajikistan:

- In July 2020, PEPFAR supported the development of the National PrEP guidelines in Tajikistan. The targets for PrEP_NEW were 140 and PrEP_CURR was 106; however, there were no PrEP enrollments due to COVID-19 disruptions and reported country-specific issues barriers and challenges, including limited awareness and knowledge, and minimum promotion in health facilities of PrEP.
- There was a 5.4% testing yield and overachievement on HTS_TST with 15,532 cumulative results and 112.9% FY20 achievement. In contrast, HTS_TST_POS reported 841 cumulative results, 33.4% of the goal. KP testing yields have been decreasing.
- Less than 25% of the TX_NEW target was achieved.
- Overall, the program has demonstrated strong linkages between the MAT and ART programs with high percentages of PLHIV on MAT on ART in PEPFAR SNUs according to program data. However, just under 75% of the KP_MAT target was achieved.
- A CDC mechanism expended 68% of its budget with only 23% achievement for TX_NEW and performance should be carefully reviewed and monitored.

Thailand:

- PrEP_NEW and PrEP_CURR targets were fully achieved, with 20–29-year-olds and MSM having accounting for the highest percentage of uptake.
- Recency testing was implemented in 15 sites in Bangkok, and the MOPH planned to integrate recency testing into the national HIV surveillance. This was delayed in ROP19 due to COVID-19.
- Index testing has increased, but underachieved due to the PEPFAR halt and COVID-19 challenges. A CDC mechanism over-expended its testing budget, but underachieved in HTS_TST_POS and HTS_INDEX.
- In PEPFAR-supported sites, MMD was 12% at <3 months (26.1%-42.1% across FY20), 50% at 3-5 months (56.5% in Q1 and decreased to 48.3% in Q4), and 38% at >6 months (17.4% in Q1. and vastly decreased in Q4 to 9.6%).
- Efforts for the TLD transition are underway, but Thailand remains slower in achieving this MPR than most others in the region

Tier 2: Accelerate and Achieve

India:

- COVID-19 greatly impacted service delivery for PEPFAR India and the team responded with well-documented mitigation efforts. Thirty-five percent of all PEPFAR-supported PLHIV (65,108) accessed ARVs across 326 new ARV pick up points and home delivery in Andra Pradesh. In Northeast India, 125 decentralized community drug refill sites were mobilized including sites specific for KP.
- PEPFAR India is using targeted case finding with an index testing yield of 26.5% which exceeds the region average of 23%. Although yield is on target, India only achieved 67.5% of their HTS_INDEX_NEWPOS target and 55% for HTS_INDEX targets.
- India continues to experience high mortality (deaths as a percent of TX_CURR) in the Region with 0.85% mortality and greater proportions of patients presenting with advanced disease.
- VLC has improved since FY19 Q2 (70%), however, progress has slowed in the last few quarters of FY20 with 84% in Q3 and Q4.

Lao PDR:

- HTS_TST overall, there was a 71.5% target achievement with 699 cumulative results and a target of 977. HTS_TST_POS was 72.4% overall with a cumulative result of 213 and a target of 294 in FY20. The HTS performance was low due to COVID-19 including travel restrictions and delayed facility index implementation.
    - HTS_SELF: 171.5% of FY20 target achievement despite COVID-19 disruptions.
- The program demonstrated successes in reducing treatment interruption utilizing track and trace and QI approaches within case management approaches.
- Viral load suppression in the overall Asia region was reported at 90% for PEPFAR-supported sites; Laos reported VLS 91-97% across PEPFAR-supported facilities in Q4. Viral load coverage appeared to be low with 73% in Q4.
- 6MMD faces challenges due to supply chain and stock challenges, though overall the percentage of MMD <3 months slightly increased specifically in Q3 during the extensive COVID-19 lockdown. The percent of PLHIV on TLD increased from 53% in 2019 to 75% in 2020.

Philippines:

- The Philippines was in the beginning of program activities in FY20 including site level activities working with key populations such as PWID, MSM, TG, and FSW.
- Implementation remains in infancy with an initial performance review needed.
- Progress has been made in terms of addressing minimum program requirements including work to revise the national testing algorithm, development of PrEP guidelines, and support for guidelines and strategy related to TLD transition.

Tier 3: Protect the Investment

Kazakhstan

- COVID-19 Impacts: Kazakhstan has been severely impacted by COVID –19, and especially among medical workers.
- Index testing has been implemented, though there are some drop-offs in the cascade. Self-testing has been implemented.
- There has been progress in decentralized drug distribution/community ART delivery. There has been negative TX_NEW_NEW in some sites.
- VLC and VLS have dipped in the last two quarters of ROP 19, at 93% and 87% respectively at Q4.

Indonesia:

- Indonesia PEPFAR experienced underachievement in index testing targets. Program data shows a low volume of testing with index modality and a high volume of testing in low-yield modalities (0.9% yield). Overall test yield has also decreased over the year from 17.2% in Q1 to 1.3% in Q4. Index testing is being rolled out, but the team has documented challenges with acceptance rates.
- Linkage to treatment has been improving. However, it remains low for TG compared to other KPs and has begun to decrease in MSM. According to program data, while all Jakarta districts have seen improvement quarter to quarter, challenges persist particularly in East and North Jakarta.

- To better understand treatment interruption, the team has improved their site level analysis capabilities, and deployed teams to trace patients and restart their treatment.
- MMD is lagging with the majority of PEPFAR-supported PLHIV receiving less than 3-month multi-month dispensing.
- Viral load coverage has a general upward trend, but remains low at 64% in Q4. Additionally, several large volume sites in PEPFAR Indonesia have begun to decrease in VLC percentage
- ASAP programming has begun implementation.

PNG:

- PNG largely achieved ROP and ASAP Year 1 Targets in terms of HTS_POS and TX_NEW, though index testing notably did not achieve targets with 56% achievement for HTS_INDEX.
- Treatment interruption remains a challenge that requires urgent attention with patient loss ranging from 1% to 10% across all PEPFAR facilities for FY20. The majority of PEPFAR-supported PLHIV with treatment interruption had been receiving ART-treatment for 3+ months with the 25-29 and 30-34 age groups experiencing the greatest interruption in Q3.
- 3+MMD has experienced overall improvement with PEPFAR facilities reporting 4% in Q1, 10% in Q2, 22% in Q3, and 32% in Q4.
- VLC remains low in PNG and declined from 61% in Q1 to 41% in Q4 of FY20. However, VLS has steadily risen over the last two years with 91% in Q4.

SECTION 4: ROP 2021 DIRECTIVES

The following section has specific directives for ROP 2021 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

Minimum Program Requirements

All PEPFAR programs – bilateral and regional– were expected to have the following minimum program requirements in place by the beginning of ROP20 implementation (FY2021). Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g., facility, school, community). 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.

All PEPFAR programs are expected to meet all of the requirements below, and the ROP21 Planning Meeting will include a review of the status of each requirement, including assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met by the time of the ROP21 Planning Meeting, the PEPFAR OU team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2021. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY2022 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table on the following page.

Table 9. ROP 2021 (FY 2022) Minimum Program Requirements

	Test&Start w/immediate >95% linkage	Increased host resources expended	ART and VL literacy activities	CQI Practices	TPT scale-up	DNO and 100% access to VL	PrEP	Scale-up CBS/UIC	Index and HIVST scale-up	M/M monitoring & reporting	TLD transition	DSD/6MMD	Progress toward local prime
Cambodia	National	National	Partial	National	National	National	Partial	Preparing	National	Preparing	National	National	Achieved
Thailand	Partial	National	Partial	National	Partial	National	Partial	National	Partial	National	Preparing	Partial	Achieved
Burma	Partial	Partial	Partial +	Partial	Partial	Partial	Partial	Preparing	Partial	Partial	Partial	National	Preparing
India	Partial +	National	Partial +	Preparing	Partial	Partial	Adopted	Preparing	Partial	National	Partial	Partial	Partial
Kyrgyzstan	Partial +	Partial	Partial	National	National	National	Partial	National	Partial +	National	National	National	Partial
Tajikistan	Partial +	Partial	Partial	Partial	National	Partial	Preparing	National	Partial +	National	Partial +	Partial +	Partial
Nepal	Partial +	Partial	Partial	Partial	National	Partial	Partial	Partial	National	National	National	Partial	Partial
Indonesia	Partial	National	Partial		Partial	Partial		Preparing	Partial	Preparing	Partial	Partial	None
Kazakhstan	Partial +	National	Partial	Partial +	National	Partial	Preparing	National	Partial	National	Preparing	Preparing	Partial
Laos	Partial	None	Partial	National	Partial	Partial +	Adopted	Partial	Partial	Preparing	National	Partial	None
PNG	Partial	Partial	Partial	Adopted	National	Partial	None	Partial	Partial	Preparing	Partial	Partial	None
Philippines	Partial	None	None	None	Preparing	None	Preparing	National	Preparing		Preparing	Adopted	None

Minimum Program Requirement	Status and issues hindering Implementation
Care and Treatment	
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	• Test and Start has been implemented across the region, but linkage to care remains low in some countries especially among key populations. • SDART has progressed across the region but requires further scale-up. • Key challenges are the strength of referral/navigation systems across multiple partners and stigma and discrimination against KP.
2. 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 who are >4 weeks of age and weigh >3 kg, and removal of all NVP- and EFV-based ART regimens.	• Most countries have begun a transition to TLD with the exception of Thailand, Kazakhstan, and the Philippines, which are preparing for transition. • Challenges are with the pace and scale of implementation. Supply shortages or delays have occurred in countries such as Burma and India while others such as Nepal have achieved higher numbers with 77% of PEPFAR-supported PLHIV on TLD. Additionally, Kazakhstan continues to face challenges in financially sustainable implementation due to pricing challenges.
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	• 57% of PLHIV at PEPFAR-supported sites are on treatment receiving at least 3-month supply of ARVs across Asia Region while progress in 3+MMD is still needed. MMD is the most limited in Indonesia and Nepal (recommended by National Guidelines, but not initiated). PEPFAR Thailand has the greatest proportion of patients (38% in Q4) receiving 6-month supply.

	• Progress has been made with community-based service delivery in several countries. Kyrgyz Republic is expanding community-based HIVST and India increased community-based drug refill sites and community ART refill groups. • Commodities and policies remained key challenges in FY20. Most countries are still facing challenges around national scale-up.
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of ROP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	• Six out of the 12 countries in the region have achieved national coverage for TPT and many others have achieved TPT coverage on a partial level. Shorter regimens are being considered in countries such as Burma to facilitate national scale-up while countries such as Cambodia are seeking to increase medication availability and improve trainings.
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.	• VL coverage remains a key issue for PEPFAR sites in the region ranging from 21% in Nepal to 95% in Kyrgyz Republic in Q4. • Most countries have only implemented the MPR on the partial level while the Philippines remains at the advocacy level.
Testing	
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 should be offered testing for HIV.	• The region has faced challenges in index testing and self-testing due to COVID-19 as well as the overall pause in PEPFAR to ensure site assessment for alignment with expectations related to safe and ethical testing. The region has conducted site assessments to ensure index testing at PEPFAR supported sites follows safe and ethical practices. Site assessments reflect a need to ensure the development of adverse event monitoring systems.
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-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)	• PrEP has been partially implemented in Thailand, Cambodia, Burma, Kyrgyzstan, and Nepal while the rest of the region remains in the preparation, adoption, or even advocacy stages. • COVID-19 and delayed drug shipments have created barriers and temporarily paused PrEP activities in countries such as Burma, Cambodia, and Nepal. Burma struggles with low same-day PrEP initiation due to government-initiated centralization.
2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC	• India remains the only country in the region with an OVC program. VL coverage and suppression remains low among ages 1-9 years old at CDC

ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and 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	sites while USAID sites face challenges around tracking and improving C/ALHIV retention, adherence, & viral suppression via HIV-inclusive OVC case management + routine home visits. Additionally, OVC support for index testing needs to be increased. • The focus should remain on children of KP.
Policy & Systems	
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 services affecting access to HIV testing and treatment and prevention.	• Thailand: All pregnant women and TB patients can access free services of ANC, TB treatment and HIV testing and treatment at governmental facilities • Lao PDR: Testing and ARV including ANC and TB services are free of charge; however, since the GF decreased funding, some OI drugs are covered by patients because it is not covered by NHI. • PNG: No user fees for ANC, TB and HIV services.
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.	• Several countries have nationally implemented CQI programs (Cambodia, Thailand, Kyrgyzstan and Lao PDR), but the majority remain at the partial implementation phase or lower. • Further TA is needed to strengthen CQI practices in many countries.
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.	• VL literacy activities have been partially implemented in all countries except the Philippines. Literacy activities have been delayed in Thailand while in Burma, levels of treatment and VL literacy activities are low (HSS 2020 and BBS) and discrimination levels are high at government sites. Above site TA in the country on DSD should include revised messaging to reduce stigma.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	• Four countries continue to not have local partners as primes (Indonesia, Lao PDR, PNG, and Philippines) while the rest are in the preparing, partially implemented, or achieved stage. Burma has moved from the advocacy stage to preparing since last year. • Improvement continues to be made but could be accelerated.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	• All countries continue to make strides in host government commitment, however, with COVID-19 impacts, governments may not meet the commitments previously made.

	• Burma and Nepal have decreased from national to partial while Laos has reverted to the advocacy phase. Indonesia has progressed from partial to national achievement.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	• The region has several countries reporting at the national level while many countries are still preparing for implementation. Indonesia is still at the preparation phase and has documented high mortality rates.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	• The region now has 5 countries implementing at the national level compared to only 1 last year. Cambodia's national rollout is in progress during ROP 20 while trainings are virtual due to COVID-19 and have low attendance. Burma had paused UIC due to COVID-19, but has recently resumed.

In addition to meeting the minimum requirements outlined above, it is expected that the Asia Region will consider all the following technical directives and priorities:

ROP 2021 (FY 2022) Technical Directives

Tier 1: Sustain the Gains

Burma:

- PrEP scale-up has been impacted by COVID-19 restrictions and needs to be continued with expansion beyond MSM to target other key groups and differentiated service delivery (DSD) options.
- Optimize high-yield KP case finding strategies for PEPFAR and ensure technical assistance to the national program supports the same optimization: index testing requires further scale-up, though is complicated by legal environment; 75% of HTS_POS going forward should come from index; any other testing strategies need higher yields and increased targeting; ensure any PITC is risk-based; support scale of self-testing nationally through TA; ensure progress on recency testing.
- ROP 19 saw improved linkage among specific KP groups, especially by Q4. However, challenges persist, especially among PWID. PEPFAR Burma should continue to address these persistent linkage challenges, especially in remote areas and among PWID and FSW, and should continue to strengthen linkage strategies and efforts at same day initiation utilizing results of "tracing the patient journey" exercise to address programmatic and policy bottlenecks.
- Build on gains in MMD, both at PEPFAR supported sites and in the national program, tracking implementation at all levels to ensure 6MMD across the program.
- Burma has a high burden if TB overall, but also MDR TB and HIV-associated TB. Improved coordination between NTP and NAP is required and must be fostered with better coordination between GFATM grants and PEPFAR.
- Ensure above site activities are targeted to more directly address quality of service delivery beyond PEPFAR sites; above site TA to support differentiated service delivery should also address messaging related to pre/posttest counseling, U=U, and treatment literacy.

- Burma should expand viral load coverage and achieve > 95% VLC with improved turnaround time (< 7 days).
- Continue work to develop transgender-friendly and –competent services and clinics, building off ROP 20 KPIF efforts.
- Ensure momentum for case-based surveillance, building off foundational work in ROP 20; Develop and execute national surveillance plan that adopts case-based surveillance.

Cambodia:

- Cambodia should focus on micro-targeting, scale of PrEP (including differentiated service delivery options), and addressing barriers to implementation.
- Utilize real-time recency data to find outbreaks of new transmission and tailor response; support that national program with self-testing, social network testing, and safe and ethical index testing, and needed refinements (e.g., address challenges around low acceptance rates)
- Rapidly scale up same-day ART (SDART) to at least 80%, and rapid ART initiation (within 7 days of HIV diagnosis) in the absence of confirmed OI (active TB/ cryptococcal meningitis) to 95%. Continued MMD scale up aiming for 6MMD in all provinces. Ensure rapid transition of all PLHIV to achieve > 90% of current cohort on TLD.
- Extend CBS from first phase in ROP 19 and what is planned for ROP 20. In ROP 20, Cambodia aims to implement CBS at 30/69 ART; extend to 69 clinics in ROP 21.
- Work with the national program to conduct deeper dive analysis of where VLC (<80%) at site level to identify barriers to testing coverage and implement granular site management/continuous quality improvement to improve testing coverage. Continue to focus on reducing turnaround time in returning results.
- Building off support in ROP 19 and 20, continue efforts on sustainability of KP CSOs.

Kyrgyz Republic:

- Continue to expand access to PrEP, including demand creation.
- Refine index testing approaches, addressing comparatively low yield; work with national program to scale up safe and ethical index testing with fidelity as well as self-testing.
- Review and revise approach and underlying assumptions related to re-engaging previously diagnosed PLHIV in care and initiating them on treatment.
- Address site specific linkage and retention challenges.
- Continue support for community-based ART (CB-ART), including policy actions to institutionalize CB-ART, and explore offering other client-centered distribution services, such as HIVST distribution at pharmacies, ART distribution via lockers at community or religious sites, etc.
- Continue expansion of 3+ and 6MM and TLD.
- Continue efforts to address both VLC and VLS, especially those sites that have not met benchmarks for either VLC or VLS.
- Strengthen case-based surveillance for public health action.

Nepal

- Support continued and aggressive implementation of PrEP.

- Optimize testing strategies to increase case finding, ensuring higher volume in higher yield strategies and that strategies are sufficiently targeted. Strengthen/accelerate index testing and EPOA and social network strategies.
- Work with stakeholders to aggressively close remaining gaps to achieving 95-95-95 goals.
- Continue to expand and accelerate SDART, and ensure strong linkage strategies.
- Address persistent challenges related to treatment interruption and mortality, including an advanced disease package. Continue to assess reasons for treatment interruption and develop client-centered solutions.
- Ensure, regardless of funding source, that all eligible clients have access to viral load testing and achieve viral load suppression.
- Expand the country's One HIV Information System to include e-LMIS for commodities, support national UIC rollout, and build a foundation for an effective HIV case-based surveillance system to maintain epidemic control, and to ensure accurate forecasting of commodity and supply chain needs.

Tajikistan

- Accelerate PrEP implementation activities, support demand creation, and seek support for blended models (facility to community: i.e., patients could initiate in AIDS Centers and continue via community distribution networks); Support policy change for community PrEP initiation and distribution.
- Scale up HIVST through peer and online distribution, linked with index testing and address national policies and guidance.
- Eliminate or revise PITC approach that was supposed to have been discontinued in ROP 19; address low yield through risk or symptom screening or discontinue.
- Continue to scale index testing though need to address diminished case finding percentages.
- Improve continuity of treatment through client-centered community services; improve community-based case management, peer support, and education; analyze treatment continuity challenges by age, sex, geography, and KP group and develop solutions (e.g., treatment interruption is highest among younger men).
- Expand CB-ART, building off of the recent MoH order allowing CBOs to dispense ART and as implemented during the COVID-19 lockdown.
- Support advocacy for same-day ART initiation applied consistently across stakeholders.
- Accelerate progress in MMD and TLD.

Thailand

- Continue support for PrEP and including ED-PrEP for MSM; continue to push for scale to meet the needs of KP groups.
- Expand the Online-2-Offline platform for online reservations of clients linked to the drop-in centers of CBOs with targeted segmentation strategy for sub-populations of KPs most at-risk (i.e., young MSM and trans women)
- Continue development and implementation of recency testing, which has been delayed due to COVID 19.

- Accelerate, expand and institutionalize safe and ethical index testing at the national level, with a focus on fidelity to implementation guidelines/SOPs and the adoption of a supportive supervision manual; accelerate, expand and institutionalize self-testing
- Continue to build upon progress of same day initiation that is currently 56% <7 day, 6MMD (currently 38%; only 12% receiving <3M),
- Support case management strategies to improve linkage of newly diagnosed KP outside of Bangkok
- Accelerate efforts to promote TLD implementation
- Invest and expand on KP-CSO sustainability
- Develop a national VL strategic plan

Tier 2: Accelerate and Achieve

India:

- PrEP has moved slowly and needs concerted focus; already a focus for ROP20; ROP21 should address further scale-up. FY20 steps are in the right direction; national roll-out is pending NACO approval. Continue increasing PrEP targets and support development of national SOPs for quality assurance and demand creation materials, and differentiated service delivery models.
- Targeted, efficient case finding needs further scale; ROP19 focused almost exclusively on index testing per maintenance designation; ROP21 should remedy linkage challenges and focus on translating safe and ethical index testing to national scale with fidelity; There should be a strong focus on making sure counselors are adhering to the index testing SOPs, including eliciting all sexual and needle sharing partners.
- ROP21 should accelerate self-testing to better reach key populations in combination with index testing, SNS, and other networking platforms.
- Increase linkage rates by providing TA to NACO on scaling up rapid/same day and implementing new integrated strategies for test and treat in same location.
- Treatment continuity and mortality remain challenges; team is doing routine, granular analysis to address; need to continue analysis, modification and monitoring of improvements. Improve continuity of care through measures such as tracking and tracing missed appointments, pre-appointment reminders, and assessing and addressing reason for loss to follow-up; continue ongoing expansion of community service delivery and transition DTG-based regimens. Assess patients on ART <3 months for at-risk for lost to follow-up and develop patient-centered interventions including engagement via virtual platforms, if appropriate.
    - Overall, PWID and MSM both saw over a 10% decrease in the patient ART loads. Case-management and adherence support interventions should be supported and scaled in ROP21.
    - Highest proportion of new initiations (TX_NEW) and return on treatment (TX_RTT) among young adults 20-34y/o, but similar pattern not reflected in TX_NET_NEW. Program needs to analyze these patterns and identify solutions.
    - Scale up the implementation of Advanced Disease Package at ART sites now that the package has been approved by National Technical Resource Group.

- Strengthen implementation of TLD policy by training providers and enhancing treatment literacy activities, establishing clear timelines for transitioning clients on ART and completion of the transition.
- Continue to increase coverage of 3+MMD (while advocating for 6MMD) and expand differentiated service delivery models; assist NACO in finalizing policy guidelines for 6MMD and consider phased implementation in high-burden ART sites to decongest facilities and improve quality of services.
- Continue to improve OVC_HIVSTAT known status proxy results, ensuring HIV risk assessment for all OVC<18 years with unknown HIV status and HTS completion for all OVC<18 years with identified HIV risk factors.
- VLC improving but needs more focus, especially for KP groups and specific SNUs/regions (e.g., PWID, Telangana).

Lao PDR

- Scale up PrEP implementation, including leveraging GF resources and expanding demand creation for MSM and transgender women
- Expand index testing and self-testing, including outreach through virtual platforms. Over 527 KP clients were initiated on ART in FY20, far more than were identified through PEPFAR testing activities. This represents a missed opportunity to implement index testing at ART facilities to find, diagnose and link HIV+ KP. Current estimates suggest that 82% of MSM PLHIV are aware of their status; funding and implementing index and social network testing in PEPFAR regions can close this gap
- Continue integration of recency testing into routine HTS services
- Aggressively scale up SDART through provision of national policy and CQI efforts at PEPFAR-supported facilities to determine and address root cause of delay in ART initiation.
- Continue support interventions to reduce treatment interruption and build off successes
    - Complete TLD transition and 6-month MMD in collaboration with GF and Clinton foundation
    - QI for treatment continuity case management, support transportation cost and differentiated service delivery e.g., community ART services
    - Take dual approach to expanding 6 MMD for stable patients through high level advocacy at the country level including policy change and TA to ensure appropriate stock forecasting and planning as well as site level QI activities to identify and address barriers to 3-6 MMD.
- Diagnostic Network Optimization is needed to ensure an efficient network and appropriate access to testing. Ensure strong VL strategy with other partners.

Philippines:

- Ensure comprehensive update of performance and progress at ROP meeting.
- Continue to work on a PrEP roadmap and rollout: partner with CBOs on KP-specific online PrEP demand creation campaigns emphasizing U=U; explore private/mixed financing schemes for PrEP that are anchored to KP-led distribution and targeted testing strategies with seamless links to treatment.
- Increased work on HTS guidelines and algorithm, inclusive of self and index testing

- Support the TLD transition operational plan and expand MMD.
- Refine and develop KP case management approaches and guidelines; Create KP-specific case management guidelines and provide training for case managers with technology and tools to facilitate enhanced patient-centered care for treatment and prevention
- Establish QA/QI teams at regional and local levels with clear guidance, in collaboration with HRSA.
- Create and facilitate a viral load scale up plan; complete diagnostic network optimization.
- Support/implement BBS for PWID and FSW.
- Determine future viability of social contracting or other financial sustainability options for CBOs and an expanded HIV package as the country moves to universal health care.

Tier 3: Protect the Investment

Kazakhstan:

- Although the first 90 among PWID has almost been reached, there are significant drops off nationally and in PEPFAR geographies in the 2nd 90. Consider linkages strategies for those already diagnosed but never initiated.
- Continue to support limited client-centered DSD community activities focused on index case finding and PLHIV case management to support treatment continuity.
- Establish CQI process for identifying and remediating challenges with treatment interruption
- Adopt and implement the WHO package of care for advanced disease and strengthen TA support for capacity building, training/ongoing mentorship for management of AHD.
- Implement enhanced site management to better address variance in VLS across sites.
- Develop sustainability plan to increase focus on activities to institutionalize community programming, institutionalize MPRs and strengthen health systems, and sustain government HIV response.

Indonesia:

- Efforts at segmenting/profiling community testing should extend to PITC immediately at high-yield service entry points including STI, TB, and hepatitis clinics.
- Develop, operationalize, and formalize community-based screening (i.e., self-testing) and National HIV Self-Testing service guidelines/policy.
- Address linkage challenges among specific KP groups and develop tailored solutions.
- PEPAR Indonesia should rapidly implement solutions for MMD in coordination with GFATM and GoI, and additional/continued policy dialogue with GoI concerning supply chain challenges.
- Expand clinical strategy for advanced disease management of PLHIV at high-volume hospitals in Jakarta.
- Provide technical support to update the National Treatment Guidelines on TLD transition and implement scale up of TLD beyond newly initiated patients in GF priority districts.
- Collaborate with GF on rapid expansion of 3+MMD in GF priority districts and to implement 3+MMD in 23 high-volume PEPFAR-supported sites.
- Viral load coverage has a general upward trend in PEPFAR sites, but remains low and requires concerted focus among partners; Improve laboratory network optimization for VL testing and use of GeneXpert machines in GF priority sites.

PNG:

- Treatment interruption remains a challenge; need urgent attention and a deep dive analysis to determine strategies to improve continuity of care; institutionalize QA/QI feedback loops at PEPFAR-supported sites.
- TLD and 3+MMD should be scaled-up with attention to 6MMD.
    - 90% of eligible PLHIV have transitioned to TLD and uptake of 3MMD is high; will continue to support implementation of 6MMD and differentiated service delivery models.
- ROP 21 needs a strong focus on index testing and VLC.
    - Continue to strengthen and scale up index testing in PEPFAR-supported sites, using lessons learned to inform revision of National HIV Counseling and Testing Guidelines and NDoH scale-up of index testing nationally.

Regional budget ($5M) should include:

- CODB costs for PARCU, regional coordination needs, regional travel and TA in support of distributed assets or other sharing of technical expertise
- A pool of funds to support unifying collaborations in the region that enhance sharing of knowledge, resources, best practices, tools. Costed Proposal(s) with clear budgets, timelines, benchmarks/targets and other plans should be presented at the ROP meeting. Proposals should identify and address common challenges across the region (e.g., TG-competent service delivery, solutions for client centered KP differentiated service delivery to improve continuity of care) and/or enhance collaboration and knowledge sharing between two or more countries in the region (e.g., migrant or border issues, coordination of MOHs)

In addition to the country-specific recommendations above, below are directives that apply across the region:

- **HIV Treatment:** Poor treatment growth and challenges with continuity of treatment in some countries. Although site additions in FY20 may mask certain patterns, monitoring continuity of treatment by age, sex, geography, site and KP sub-group to determine those groups at greatest risk of treatment interruption should be standard practice across the region. Routine root cause and loss analysis are recommended for all countries in Asia to improve outcomes.
- **MMD:** Increase MMD in low-coverage countries e.g. Indonesia, Laos, Nepal; and begin transitioning clients from 3 to 6MMD in countries with high 3MMD coverage that permit 6MMD by ensuring sufficient stock of ARVs at national and site level, conducting routine monitoring to prevent stockouts, training providers on MMD guidelines, establishing MMD focal person at the facility to review patient files and identify clients not yet on 3 or 6MMD, and improving treatment literacy among clients/create demand for MMD. In countries where policy does not permit 6MMD (India, Indonesia), continue to engage MOHs to adopt 6MMD policy in national TX guidelines.
- **SDART:** Given the loss in clients diagnosed but not yet started on ART, each country should document and addresses the key barriers to rapid / same day initiation of ART. All countries should track time to initiation of ART data for all clients and develop interventions to improve uptake of same day / rapid ART.
- **Sustainable Financing/Increase KP CSO sustainability:** Support assessments of CSO capacity and the enabling environment (policy, regulation, etc.) for CSOs to become financially

sustainable. Support key CSOs to diversify revenue sources through market-based approaches, social contracting and linkages with social health insurance

- **Community-led Monitoring**: ensure community-led monitoring approaches allow for independent assessment of services and that communities are in the leadership/driver seat. Current PEPFAR service delivery partners at the site level do not meet PEPFAR's requirement for community-led monitoring.
- **Monitoring MPR implementation at national level**: Move beyond tracking the existence/establishment of MPRs, and beyond tracking in PEPFAR SNUs, to develop a system or metrics to quantify national implementation of MPRs

ROP 2021 Technical Priorities

Client-Centered Treatment Services

ROP21 planning must ensure treatment continuity for all current and new clients. To do this, programs must specifically and thoroughly address the challenge of interrupted antiretroviral treatment, especially after initiating ARVs and through young adulthood. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous adherence to ART for an adult population that is 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 free, fit the lives of the clients, and empower clients to on ART to stay the course. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including client education on the benefits of lifelong treatment, optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient and safe ARV access arrangements, and community and client participation in design and evaluation of services.

Community-led Monitoring

In COP 21, 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)

In ROP 2021, PrEP should continue to be made widely available with a focus on getting PrEP, (including possible new PrEP options) to the people that need it. Groups to be prioritized for PrEP include HIV negative partners of index cases, key populations including sex workers, men who have sex with men, transgender persons, people in prisons and other closed settings, people who inject drugs, adolescent girls and young women and, pregnant and breastfeeding women, in areas with high HIV incidence or with higher risk partners, and other identified serodifferent couples. Groups should be tailored to the OU's epidemic context.

TB/HIV

TB/HIV services must be integrated, including DSD and MMD models for both TB and TB preventive treatment (TPT). All PLHIV must be routinely screened for TB and have access to molecular diagnostic testing and/or point of care tests such as LF-LAM. TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP21; targets have been set

accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

Advanced HIV disease

The advanced disease package of care should be fully integrated into clinical care and includes diagnostics and therapeutics for tuberculosis and cryptoccal meningitis as well as cotrimoxazole. Countries should budget adequately for commodities including urinary LAM, CrAg, amphotericin B and flucytosine. Please see section 6.5.2 of the COP guidance.

Condoms and Lubricants

Condoms are key to a successful combination HIV prevention approach and are a cost-effective tool for preventing other sexually transmitted infections and unintended pregnancies. PEPFAR's goal is to ensure high levels of use, equitable access to, and sustained demand for condoms and lubricants among key and priority populations and low-income groups. In COP21, through the Condom Fund, GHP-USAID will provide $20.3 million in assistance to PEPFAR-supported countries to procure and deliver condoms and lubricants to address key condom supply and demand issues This funding is in addition to funds allocated for condom programming and additional condom/lubricant procurement in each country from COP21 country funding as determined during the COP planning process.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised PLHIV Stigma Index 2.0 utilizing the standard methodology, or complement Global Fund or other donors financing implementation of the PLHIV Stigma Index 2.0, if it has not already been implemented in the OU. If the revised PLHIV 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 21, whether supported by PEPFAR or other resources. Completion of the PLHIV Stigma Index 2.0 should be accompanied by a response and action plan discussed and agreed upon by all stakeholders that will address findings. Where the PLHIV Stigma Index 2.0 has already been conducted, COP/ROP 21 focus should be on concerted action to address findings.

Cross-HIS Data interoperability - Use and Analysis

Improved data visibility, and analysis are essential for better understanding the HIV epidemic and reaching epidemic control.

PEPFAR Asia Region should 1) consistently and continuously use and analyze data at the individual patient level with aim of program improvement (e.g., use patient level data to understand retention differences across patient cohorts and create more tailored risk models and intervention). 2) utilize available data interoperability solutions to harmonize and triangulate data across EMRs, commodities, pharmacy dispensation, laboratory data, HRH and other data.

Systems Investments

PEPFAR teams are expected to align systems investments with key systems barriers to achieving epidemic control. System investments should also be aligned to achieving and maintaining minimum program requirements for COP including adoption and use of unique identifiers, building country capacity in disease surveillance and other core competencies to achieve and maintain epidemic control including country ability to perform continuous quality improvement. Systems investments that have achieved their goals should be candidates for countries to assume responsibility to achieve the minimum program requirement for increased responsibility and increased government expenditures.

Innovative solutions and adaptive practices

There are extraordinary examples of innovation by our field teams and partners during COVID. These include adaptations and lessons learned that span across many of our technical and program areas as well as all countries we work in. Teams should look at ways to strengthen and improve our capacity to innovate, design, and create within the communities we serve. This includes systematically looking at the evidence base and how to learn from these examples as well as strengthen our methods to help scale proven strategies and interventions.

COP/ROP 2021 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

The full participation of community stakeholders and civil society in every stage of PEPFAR programming, planning, and monitoring as appropriate and consistent with applicable law, regulations and policy, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. 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.

As in years past, civil society organizations are considered essential and invited to participate both in the virtual COP21 strategic planning meetings, as well as virtual approval meetings.

This engagement, of both civil society, and of faith-based organizations/faith communities, specifically includes the sharing of FY 2020 Q4 and FY 2020 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2021 in order to introduce and discuss all COP/ROP 2021 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2021. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2021, PEPFAR will convene virtual meetings 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, faith-based organizations/faith communities, and multilateral partners. Specific guidance for the 2021 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP/ROP 2021 development, finalization, and implementation. As in COP/ROP 2020, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with both CSO and FBO stakeholders for their input and comments at least 48 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2021 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment (C&T): OU's COP/ROP 2021 minimum requirement for the C&T earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2021 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

- 100% Care and Treatment (C&T) Program Areas
- 50% Testing (HTS) Program Areas
- 100% Above Site Program: Laboratory System Strengthening
- 70% Pregnant and Breastfeeding Women Beneficiary Group
- Proportional % Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the C&T earmark)

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 FY21, and must meet 40% by FY20. 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 FY21 as appropriate through their COP/ROP 2020 submission.

State ICASS: Table 3 shows the amount that the OU must program under State for ICASS Costs.

COP/ROP 2021 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in the Asia Region should hold a 4-month pipeline at the end of COP/ROP 2021 implementation whenever possible in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU COP envelope has increased in recent years, there may not be sufficient funding to maintain a 4-month buffer. Any agency that anticipates ending COP/ROP 2020 implementation (end of FY 2021) with a pipeline in excess of 4-months is required to apply this excessive pipeline to COP/ROP 2021, decreasing the new funding amount to stay within the planning level.