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INFORMATION MEMO FOR AMBASSADOR BROWN, UGANDA

FROM: S/GAC Chair Jason Bowman and PPM Mary Borgman

THROUGH: Ambassador Deborah L. Birx, MD

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

Dear Ambassador Brown,

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 COVID19. Focus groups and deep analytics of client returning to care 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. Across all countries we see persistent gaps in pediatric diagnosis, treatment and viral suppression. Particular attention should be paid to the pediatric cascade and identifying challenges by district and country for clear and actionable plans. In addition, leverage OVC, DREAMS and other resources for clear accountability to work with mothers and improve early infant diagnosis by two months of age and strengthen resiliency among at-risk women and girls. Community-led monitoring must raise visibility and appropriate response to the needs of populations already vulnerable before COVID. The assessment of needs, and strategies to reinforce OVC caregivers and HIV-affected families in crisis should contribute to budget and activity planning for care and treatment, DREAMS, OVC and wraparound resources. 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 government, the Global Fund, 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 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 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 team 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 team 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:

- Continuing to improve services by addressing client barriers to treatment continuity though the national CQI collaborative, including establishment of a pediatric CQI initiative,
- Rapidly adapting and restoring prevention interventions to serve the community, especially rapid scale-up of VMMC services for men 15+ following COVID-19 disruptions, and
- Leveraging the optimized lab network to maintain viral load coverage while responding to both HIV and COVID-19 burdens.

Together with the Government of Uganda and civil society leadership we have made tremendous progress together. Uganda 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.

As you will see in COP guidance this year, there are no substantial changes in program direction. While assessing 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. Ensuring all children are diagnosed and are on the best treatment regimens and virally suppressed

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

- High levels of treatment interruption, particularly for those newly initiated on ART,
- Large proportions of patients receiving less than three months of ART, particularly for pediatric patients, and
- Significant gaps across the pediatric cascade, starting with two-month EID coverage, through viral load suppression of adolescents.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP/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 SDG 3 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. Uganda has not quite reached the 2020 goals, but with additional focus can still achieve 2030 goals early.

S/GAC will not assign targets to countries, but only provide notional budget levels sufficient to achieve 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 COP 2020.** After the PEPFAR country team submits their COP 21 targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2021) notional budget for Uganda is **$398,497,589** 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 Government of Uganda and civil society of Uganda, believes is critical for the country's 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 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.

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 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 your entire team 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 – Jason Bowman, Chair**
S/GAC – Mary Borgman, PPM
Ifeyinwa Udo, Acting PEPFAR Country Coordinator

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

With input from the field teams through the quarterly POARTs, the agency self-assessments and from Headquarters Country Accountability and Support Teams (CAST), a thorough program review of Uganda over time has been conducted. This includes the end of year results of the Country Operational Plan (COP) 2019 and current COP 2020 implementation as we plan for COP 2021. We have noted the following key successes and challenges:

Successes:

1. PEPFAR Uganda rapidly adapted prevention interventions to successfully reach the community within the COVID-19 context. After pausing VMMC services in FY20 Q3, the VMMC program was able to exponentially increase services in Q4, resulting in one of the highest performing quarters in the past two years. The proportion of circumcisions performed in <15 year old clients decreased to 1% in Q4 from a historical average of 37%. In addition, many partners continued to ensure DREAMS recipients completed the primary package of services throughout the year.
2. Lab infrastructure and optimized networks enabled maintaining viral load coverage (VLC) at 88% across the PEPFAR program while managing the increased pressures of the COVID-19 response. VL coverage in children <15 was high in FY20 Q4 across multiple pediatric age bands, at 105% VLC overall.
3. The National CQI Collaborative has improved outcomes across the clinical cascade, increasing performance across priority areas including pediatric and adult treatment continuity and viral load suppression (VLS), and HRH training and attendance.

Challenges:

1. While Uganda initiated 148,563 new clients on treatment during FY 2020, the treatment cohort only grew by 51,006, barely keeping pace, or potentially falling behind, new infections. The difference underscores the need to address barriers to continuity of treatment, particularly for those newly initiated. Over the course of the fiscal year, treatment interruption for new clients was high, greater than 15%, and increased following COVID-19 restrictions.
2. While the number of patients receiving three or more months of ARVs per pickup increased throughout the year, 43% of clients were still not benefiting from 3- or 6-month MMD by the end of Q4. Pediatric MMD trailed much further behind, with the majority of pediatric patients receiving only one or two months per pick up.
3. Significant gaps continue to exist across the pediatric cascade. While EID coverage at two months improved from 54% in FY 2019 to 68% in FY 2020, it is still short of reaching complete coverage. In addition, viral load suppression for those under the age of 15 remained steady from FY 2019 and was less than 80%, indicating significant challenges to continuity of treatment.

Given Uganda's status of nearing achievement of epidemic control, the following priority strategic and integrated changes are recommended:

1. All implementing partners need to rapidly scale interventions to address interruptions to treatment, particularly for treatment naïve patients and groups more likely to discontinue services. This should include expanding access to DSD and MMD for all patients, and identifying highly vulnerable patients due to COVID-19 and providing wrap around services to ensure treatment continuity.

2. Deploy targeted case-finding approaches such that treatment initiation outpaces new infections, refining demographic and geographic targeting to align with UPHIA and recency results.
3. Continue to develop capacity within government and community systems to realize case-based surveillance, including interoperability of data systems and deployment of a standardized unique identifier.

SECTION 1: COP/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 COP/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 COP21, COP 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 COP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	FY20	FY19	Unspecified	FY21	FY20	FY19	Unspecified	TOTAL
Total New Funding	**$ 378,549,737**	**$ -**	**$ -**	**$ -**	**$ 2,500,000**	**$ -**	**$ -**	**$ -**	**$ 381,049,737**
GHP-State	$ 335,337,237	$ -	$ -		$ -	$ -	$ -		$ 335,337,237
GHP-USAID	$ 40,000,000				$ 2,500,000				$ 42,500,000
GAP	$ 3,212,500				$ -				$ 3,212,500
Total Applied Pipeline	**$ -**	**$ -**	**$ -**	**$ 17,447,852**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 17,447,852**
DOD				$ 259,069				$ -	$ 259,069
HHS/CDC				$ 11,789,323				$ -	$ 11,789,323
HHS/HRSA				$ -				$ -	$ -
PC				$ 2,723,669				$ -	$ 2,723,669
USAID				$ 1,015,658				$ -	$ 1,015,658
USAID/WCF				$ -				$ -	$ -
State				$ -				$ -	$ -
State/AF				$ 1,660,133				$ -	$ 1,660,133
State/EAP				$ -				$ -	$ -
State/EUR				$ -				$ -	$ -
State/PRM				$ -				$ -	$ -
State/SCA				$ -				$ -	$ -
State/SGAC				$ -				$ -	$ -
State/WHA				$ -				$ -	$ -
TOTAL FUNDING	**$ 378,549,737**	**$ -**	**$ -**	**$ 17,447,852**	**$ 2,500,000**	**$ -**	**$ -**	**$ -**	**$ 398,497,589**

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

Countries should plan for the full Care and Treatment (C&T) level of $247,000,000 and the full Orphans and Vulnerable Children (OVC) level of $38,500,000 of the 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 FAST.

TABLE 2: COP 2021 Earmarks by Appropriation Year*

	Appropriation Year			
	FY21	FY20	FY19	TOTAL
C&T	$ 247,000,000	$ -	$ -	**$ 247,000,000**
OVC	$ 38,500,000	$ -	$ -	**$ 38,500,000**
GBV	$ 6,000,000	$ -	$ -	**$ 6,000,000**
Water	$ 3,779,991	$ -	$ -	**$ 3,779,991**

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

TABLE 3: COP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	**$ 395,997,589**	**$ 2,500,000**	**$ 398,497,589**
Core Program	$ 336,997,589	$ -	**$ 336,997,589**
Cervical Cancer	$ 3,000,000	$ -	**$ 3,000,000**
Community-Led Monitoring	$ -	$ -	**$ -**
Condoms (GHP-USAID Central Funding)	$ -	$ 2,500,000	**$ 2,500,000**
DREAMS	$ 23,000,000	$ -	**$ 23,000,000**
HBCU Tx	$ -	$ -	**$ -**
One-time Conditional Funding	$ -	$ -	**$ -**
Surveillance and Public Health Response	$ -	$ -	**$ -**
VMMC	$ 33,000,000	$ -	**$ 33,000,000**

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

TABLE 4: State ICASS Funding

	Appropriation Year			
	FY21	FY20	FY19	Unspecified
ICASS	$ 23,585	$ -	$ -	

SECTION 3: PAST PERFORMANCE – COP/ROP 2019 Review

Table 5. COP/ROP OU Level FY20 Program Results (COP19) against FY21 Targets (COP20)

Indicator	FY20 result (COP19)	FY21 target (COP20)
TX Current <15	**60,943**	**78,529**
TX Current >15	**1,155,000**	**1,248,268**
VMMC >15	**455,082**	**318,522**
DREAMS (AGYW PREV)	**214,403**	
Cervical Cancer Screening		**260,616**
TB Preventive Therapy	**502,326**	**351,729**

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

Agency	Sum of Approved COP/ROP 2019 Planning Level	Sum of Total FY 2020 Outlays	Sum of Over/Under Outlays
DOD	$14,998,579	$12,208,693	$2,789,886
HHS/CDC	$200,735,763	$191,542,802	$9,192,961
HHS/HRSA	$400,000	$376,966	$23,034
PC	$2,406,068	$1,489,085	$916,983
State	$2,566,779	$1,242,551	$1,324,228
USAID	$188,130,550	$171,427,222	$16,703,328
Grand Total	**$409,237,739**	**$378,287,319**	**$30,950,420**

**These figures include only bilateral figures at present.*

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

The following IMs outlayed at least 110 percent in excess of their COP/ROP19 approved level.

Mechanism ID	Partner Name	Funding Agency	Total Planning Level	Total Outlays	Outlay Delta Check
11479	DEPARTMENT OF STATE	State	$187,500	$286,325	($98,825)
18568	Population Council, Inc., The	USAID	$245,494	$287,375	($41,881)
17066	World Vision Inc.	USAID	$154,506	$179,773	($25,267)

**These figures include only bilateral figures at present.*

Table 8. COP/ROP 2019 | FY 2020 Results & Expenditures

Agency	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	1,895,195	**3,155,517**	167%	HTS Program Area	$13,361,443	98%
	HTS_TST_POS	118,935	**94,329**	79%	HTS Program Area		
	TX_NEW	106,347	**83,135**	78%	C&T Program Area	$96,897,337	83%
	TX_CURR	771,723	**673,018**	87%	C&T Program Area		
	VMMC_CIRC	398,938	**291,955**	73%	VMMC Sub-Program Area	$17,373,613	100%
	OVC_SERV	124,149	**121,738**	98%	OVC Beneficiary	$5,977,088	71%
DOD	HTS_TST	218,502	**328,606**	150%	HTS Program Area	$501,396	100%
	HTS_TST_POS	11,891	**10,646**	90%	HTS Program Area		
	TX_NEW	12,427	**9,638**	78%	C&T Program Area	$4,926,168	22%
	TX_CURR	80,657	**75,028**	93%	C&T Program Area		
	VMMC_CIRC	80,503	**54,857**	68%	VMMC Sub-Program Area	$1,544,552	89%
	OVC_SERV	25,810	**26,212**	102%	OVC Beneficiary	$1,249,982	91%
State/ PRM	HTS_TST	27,703	**45,477**	164%	HTS Program Area	$24,669	100%
	HTS_TST_POS	1,048	**1,054**	101%	HTS Program Area		
	TX_NEW	1,171	**1,026**	88%	C&T Program Area	$348,718	10%
	TX_CURR	7,946	**6,079**	77%	C&T Program Area		
	VMMC_CIRC	9,671	**7,342**	76%	VMMC Sub-Program Area	$29,277	100%
	OVC_SERV	2,357	**2,488**	106%	OVC Beneficiary	$109,066	100%
USAID	HTS_TST	1,306,863	**2,227,457**	170%	HTS Program Area	$5,231,687	100%
	HTS_TST_POS	57,903	**62,051**	107%	HTS Program Area		
	TX_NEW	62,423	**54,764**	88%	C&T Program Area	$90,630,593	79%
	TX_CURR	456,807	**461,818**	101%	C&T Program Area		
	VMMC_CIRC	310,888	**248,260**	80%	VMMC Sub-Program Area	$9,766,476	91%
	OVC_SERV	247,539	**248,154**	100%	OVC Beneficiary	$11,665,960	42%
					Above Site Programs	$23,470,346	
					Program Management	$49,149,073	

COP/ROP 2019 | FY 2020 Analysis of Performance

PEPFAR Uganda demonstrated flexibility and resilience throughout this difficult year, managing dual pandemics of HIV and COVID-19, while continuing to provide lifesaving services to the community. Prevention interventions were rapidly adapted and scaled after a brief pause in response to COVID-19 lockdown measures in Q3, and continued in Q4 to support the most vulnerable populations. Overall treatment coverage was maintained, and PEPFAR Uganda continued to identify people living with HIV and link them to treatment. Differentiated service delivery models (DSDM), such as MMD and community distribution points, were scaled to maintain community safety and treatment access. The CQI Collaborative, led by MOH and supported by PEPFAR Uganda, continued to be a cornerstone of the national HIV response, and expanded to address systemic concerns impacting the pediatric clinical cascade and HRH performance. At the end of FY2020, over 1.26 million people in Uganda were receiving lifesaving ART, which, based on current UNAIDS estimates of PLHIV, is 86% national ART coverage. Although there has been great progress in light of the dual pandemics, interruptions to treatment prevented a significant increase in overall ART coverage. Treatment cohort growth fell short of keeping pace with new infections according to the most recent incidence estimates, reinforcing the ongoing need to focus on client-centered service delivery. All partners demonstrated strong performance in some areas, and no individual partner was identified as demonstrating universal challenges or excellence in all technical areas. This highlights that collaboration and sharing successful strategies across all regions and partners remains a critical factor in addressing Uganda's epidemic. Progress toward key technical areas is summarized below.

Case Finding:

- PEPFAR Uganda performed 5.75 million tests and identified 168,071 people living with HIV, reaching 167% and 89% of annual targets, respectively, with an annual yield of 2.9%. The number of HIV tests continued to trend downward through the fiscal year when factoring out the impact of COVID-19 restrictions. The 2:1 HTS:POS ratio indicates there are still opportunities to improve overall testing efficiency for all partners. Most partners achieved targets for finding women living with HIV, but struggled to identify the targeted number of males.
- Index Testing: All clinical partners performed index testing services, but the contribution to positive results varied greatly and only URC/RHITES-EC achieved their HTS_INDEX new positive target. Three partners, Milday/Mubende, Baylor/Fort Portal, and JSI/RHITES-N, achieved over 25% contribution of HTS_POS from index testing. Partners that demonstrated minimal improvement in FY20 and continue to contribute under 10% of HTS_POS from index testing include URC/UPDF, HJF/MUWRP, and UNHCR. These partners should be targeted for enhanced partner management and, if significant improvements are not observed by FY21 Q3, placed on an improvement plan. District level analysis reveals that 28 districts, totaling 16,590 index cases, reported less than 0.5 index tests per index case; 13 districts reported lower than 10% yield, and 7 districts did not report any index testing in FY 20. These results should be reviewed by the PEPFAR Uganda team and CQI support provided. Finally, 91% of 1169 health facilities implementing index testing were assessed for safe and ethical practices, and 90% of those assessed passed. 108 sites failed at least one standard and were to be reassessed. PEPFAR Uganda should provide an update as a part of the strategic retreat and COP 2021 planning.
- Pediatric Index Testing: Low coverage of pediatric index testing is of particular concern in most regions. Baylor/Mubende and IDI/Kampala have significantly scaled pediatric index testing coverage to 94% and 78% respectively, and lessons-learned should be scaled across partners and regions with a

focus on quality. If significant improvements are not observed across remaining partners by FY21 Q3, then the partners should be provided with intensive partner management.

- Provider Initiated Testing and Counseling: PITC testing volume has decreased from 1,004,218 in FY19 Q4 with 2.4% yield to 544,859 in FY20 Q4 with 2.9% yield. PEFPAR Uganda should continue to employ CQI to rapidly roll out and refine use of the updated symptom and risk-based screening tools during FY 2021 implementation.
- Ante Natal Care (ANC) testing: HIV tests performed for pregnant women remained steady, with 1,351,416 with a 1.8% yield in FY19 to 1,343,185 with a 1.4% yield in FY20. PEPFAR Uganda demonstrated progress by more than doubling the number of women tested at Post ANC 1; however, PBFW continue to be at high risk of seroconversion during pregnancy (179,160 tests performed, 1.9% yield).
- HIV Self-Testing (HIVST): Self-Testing continued to scale to engage at-risk populations, and test kit distribution doubled from 95,985 in FY19 to 199,126 in FY20. Commodity shortages impacted distribution among several partners. Over 79% of self-tests were distributed among young people under the age of 34.
- Linkage: Proxy measures for linkage improved from 83% in Q1 to 89% in Q4. Linkage rates remained steady for the last three quarters; however, rates are lower among men than women at 85% and 92% respectively. Additional analysis is needed to identify barriers to reaching the remaining 10% of clients. Partners that were identified with poor performance (under 80%) in FY19, including Rakai/Masaka, Intrahealth/RHITES-E, and URC/UPDF, demonstrated improvement in FY20 with 90% linkage rates or above.

Care and Treatment:

- Current on Treatment: PEPFAR Uganda supported 1.21 million people with life-saving ART at the end of FY 2020, reaching a national treatment coverage of 86% based on current UNAIDS estimates.
- Initiation and Treatment Continuity: Over the course of the fiscal year, 148,563 PLHIV were newly initiated on treatment and 123,584 clients returned to treatment. TX_NET_NEW increased from 44,666 clients in FY19 to 51,006 clients in FY20. Most partners successfully engaged clients to return to treatment, improving TX_RTT quarter-on-quarter. The number of clients maintained on antiretroviral therapy improved in FY20 despite the impact of COVID-19, however early retention on treatment remains a challenge.
    - Between FY18 Q4 and FY20 Q3, the percentage of adult males (15+ years) on treatment increased by 9%. Between FY20 Q1 and Q3, an additional ~2300 adult males (15+ years) have returned to treatment.
    - Implementation of the revised HIV treatment guidelines in 2020 has positively impacted ART optimization. By November 2020, 64% of clients were enrolled on TLD and this is expected to reach 80% of clients by the end of FY21 Q1. Negative perceptions and bias regarding TLD continue to pose challenges to transitioning women of reproductive age to optimal regimens. The national CQI Collaborative and PEPFAR Uganda are rolling out treatment literacy materials and mentoring efforts to address these concerns.
    - 3-6-month MMD steadily increased from FY20 Q2 to Q4, at which point 47% of clients received 3-5-month and 9% received 6+ month MMD. Results are highly variable among partners and client demographics. 58% of adult clients are receiving 3+ month MMD, whereas 30% of children receive MMD. PEPFAR Uganda should focus on scaling effective

strategies used by high performing partners in FY21. PEPFAR Uganda should collaborate with MOH to complete updated guidelines delinking MMD from clinical services and VL appointments, which is a significant hurdle in expanding MMD.
    - The majority of expenditures for care and treatment were at the service delivery point; however, DOD reported only 22% were at site-level. DoD should clarify with partners to ensure reporting of ER data is accurate or if greater alignment with overall PEPFAR approach needed.
- Viral Load: National viral load coverage (VLC) was maintained despite the COVID-19 pandemic, with 86% of eligible clients receiving a viral load test in FY20 Q4. There was a decline throughout the fiscal year, largely due to COVID. The team should continue to monitor and ensure a minimum of 90% of eligible clients receive a viral load test in FY21. Mildmay/Mubende maintained the highest VLC at 98%, while other partners dropped below 80% VLC, including UNHCR, UPS, JSI/RHITES-N. Lango, and URC/UPDF. Viral load suppression (VLS) improved from 91% to 92% during FY20. This is largely consistent across regions and IPs.
    - Site-level analysis of adult VLS demonstrated there remains a significant number of high volume sites (TX_CURR >1000) with VLS below 90%. For example, Olilim Health Centre III reported VLS of 72%, in contrast to Mahyono Health Centre III's report of 93% VLS among a similar client volume. High volume sites with <90% VLS should receive focused support during FY21 implementation.
    - Overall pediatric VLS improved from 74% in FY19 Q4 to 77% in FY20 Q4, but remains lower than the target of 90%. There was significant variability in partner-level pediatric VLS with several partners reporting 70% or less at FY20 Q4, including JSI/RHITES-N. Lango, URC/RHITES-N. Acholi, TASO/Soroti, and IDI/West & West Nile. PEPFAR Uganda should immediately deploy intensive site management with these partners to improve pediatric outcomes.
    - CLHIV linked to OVC programming have improved outcomes with over 83% VLS. In FY20, enrollment of C/ALHIV <18 years nearly doubled from 23,897 in FY19 to 40,346 in FY20. Coverage of C/ALHIV within OVC SNUs has steadily increased across regions and partners over the last fiscal year. PEPFAR Uganda should continue to link C/ALHIV to OVC services in FY 2021.

TB:

- Preventive TB Treatment: PEPFAR Uganda leads in TB_PREV results to targets in FY20, with 502,326 patients completing TPT, 88% of those expected. The TB_PREV annual achievement to target increased substantially from 52% in FY19 to 147% in FY20.
- Despite decline in total number of TB patients in FY2020, the coverage of HIV testing among TB patients remains high at 98%, with ART coverage also high at 97%.

Prevention of Mother to Child Transmission (PMTCT):

- PMTCT programming continues to drive progress toward elimination of mother to child transmission. ART coverage for HIV+ pregnant women remained steady at 98% in FY20. PEPFAR Uganda reported VLC for pregnant women of 28% throughout FY20 and should be a focus during FY21 implementation. VLS among pregnant and breast feeding women was 92% in FY20.

- EID coverage was 68% at 2-months, and 85% at 12 months, and varied by partner. Partners UPS, Intrahealth/RHITES-E, URC/RHITES-EC, and Rakai/Masaka reported less than 60% coverage at 2 months for FY20. Site level analysis illuminates a significant number of facilities with >100 HIV positive mothers reporting less than 60% 2-month EID coverage. Targeted site level support should be provided to address these results and improve services.
- In FY20, of the children born to HIV positive mothers, 1.6% of children were identified to be positive, which is a reduction from 2% of children identified as positive in FY19. EID linkage to ART decreased from 92% in FY19 Q4 to 85% in FY20 Q4. PEPFAR Uganda should identify reasons for decreased linkage rates of HIV exposed infants and implement site level remediation.

OVC:

- PEPFAR Uganda served 399,894 OVC beneficiaries (100% of annual target) with comprehensive services, and 73% of those receiving services were under the age of 18. Over 96,968 (24%) OVC beneficiaries graduated and 15,133 (6%) exited the program without graduation.
- OVC_HIVSTAT was 97% overall in FY20, which was consistent across most agencies and partners. However, several partners reported low OVC_HIVSTAT rates, including UNHCR at 76%, IDI/West and West Nile at 76%, and Taso/Soroti at 74%. OVC partners have made progress in linking OVC beneficiaries to the treatment cascade, with 100% of enrolled OVC living with HIV reported to be on ART, 88% VLC and 83% VLS. There is room for improvement of in both VLC and VLS.
- Contribution of expenditures at the service delivery point vary greatly by agency (42% USAID, 71% CDC, 91% DoD and 100% DoS). PEPFAR Uganda should provide additional details and analysis regarding these differences.

DREAMS:

- DREAMS served 214,403 AGYW in FY20, with 188,652 completing at least the primary service package. Primary package completion rates improved over the last year to 88%, and 57% of beneficiaries received the primary package and an additional secondary serve. AGYW aged 10-14 were the most likely to complete the primary package at 96%, and those aged 20-24 reported the lowest completion rate at 85%. PEPFAR Uganda demonstrated rapid adaptation to continue to engage AGYW and provide necessary support despite COVID-19 restrictions. Improvement in services for the older age bands, such as the effective use of DREAMS market assessments for economic strengthening activities, should continue to be scaled in FY21.

VMMC:

- PEPFAR Uganda achieved 75% of the VMMC target and completed 602,414 total VMMC in FY20, 147,240 (24%) for males <15 years of age, and 455,082 (76%) for males aged 15+. VMMC performance dipped significant in Q3 due to COVID-19 restrictions. This provided a key opportunity for agencies and implementing partners to complete the age pivot in alignment with COP 2020 Guidance prohibiting VMMC of males <15 years of age. FY20 Q4 was the highest performing quarter in the previous year and VMMC among males <15 years dropped to 1%.
- PEPFAR Uganda spent 93% of the planned VMMC budget in FY20. Given COVID-19 restrictions and 75% target achievement, team should report through the planning retreat if additional VMMC commodities not used in FY20 are available for use in FY21 or to offset commodity needs in COP21 planning.

Key Populations:

- The socio-legal environment continues to impact key population programming in Uganda. In FY20, 279,265 KP were reached with prevention programming, 110% of the annual target. According to program data, over 242,727 key population clients were tested for HIV, with an overall yield rate of 4%, linkage to treatment of 94%, VLC 91% and VLS 95%. The Key Population Investment Fund engaged locally led partners and client-centered data analytics across the cascade using the KP tracker, demonstrating higher testing yield, linkage to treatment, VLC and VLS than the general PEPFAR program. The KPIF interventions including targeted case finding approaches, optimized linkage and improved VLC/VLS should be scaled across the PEPFAR portfolio.

Pre-Exposure Prophylaxis (PrEP):

- PEPFAR Uganda focused on PrEP scale-up as an essential prevention intervention among high-risk populations, and rapidly adapted PrEP distribution for continuity and access in the context of COVID-19. Most partners exceeded their PrEP_NEW and PrEP_CURR targets in FY20. CQI efforts to disseminate updated PrEP provision guidelines, improve demand creation, and maintain innovative access solutions will support continued scale-up in FY21.

Above-Site:

- Uganda has made steady progress in key areas of sustainability across multiple domains, however, significant work to ensure resilience in the HIV response remains across several key elements (e.g., commodity security and supply chain, laboratory, and epidemiological and health data). COP19 investments supported improvement in overall coverage of electronic medical records (EMR), with 100% of high volume sites and 66% of supported ART clinics implementing an EMR system, and approximately 93% of ART clients are being served through an EMR. Health Information Exchange (HIE) and HIS interoperability projects have continued to move forward.
- Recency testing continued to scale, with marked increase in FY20 Q4. Early data confirms recent infections trend toward younger populations, especially those under the age of 34. Electronic sample tracking for centralized testing was introduced and CQI activities continue at regional and facility levels. Recency testing should continue to rapidly scale in FY21 with an ongoing focus on quality assurance.
- Investments in HRH systems and CQI has resulted in improved clinical staff attendance at supported sites, with subsequent improvements in target achievement.
- Investments to improve supply chain security and stock level management continue to support the HIV response. Enterprise Resource Planning (ERP) is now available and field-testing health facilities' access to electronic ordering, inventory management, and improved end-to-end visibility.

Financial Management:

- In FY20, PEPFAR Uganda outlaid $378,287,319 and expended $351,618,669 of the approved COP19 planning level of $409,237,739. No individual agency over-outlaid or over-expended the FY20 budget. Several IMs outlaid in excess to planned levels or outlays extended into a new fiscal year. PEPFAR Uganda should continue to closely monitor partners to ensure outlays occur in the planned budget cycle and that any close out costs expected in out years are captured in budget planning tools.

SECTION 4: COP/ROP 2021 DIRECTIVES

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

Minimum Program Requirements (MPR)
All PEPFAR programs – bilateral and regional– were expected to have the following minimum program requirements in place by the beginning of COP20 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 COP21 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 COP21 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. COP/ROP 2021 (FY 2022) Minimum Program Requirements

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 is national policy and implemented throughout the country. FY20 linkage proxy was 88%, but fails to account for a significant number of clients repeat testing. PEPFAR Uganda should continue to refine programs to ensure 95% linkage and better define the contribution of repeat testing.
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.	By the end of FY20, 64% of the treatment cohort had been enrolled on TLD, with plans to reach 80% by the end of FY21 Q1. Issues hindering implementation include provider perception of the impact of DTG on women of reproductive age and adolescents; this challenge is being addressed through CQI activities, mentorship, education materials and training. 82% of sites have been trained on

	the revised HIV treatment guidelines, which have a particular focus on this issue. Global supply of LPV/R initially delayed the transition of pediatric patients off of NVP-based regimens, but is now resolved. 84% of pediatric clients were transitioned to optimized regimens by the end of FY20 and PEPFAR Uganda is on track to complete optimization by FY21 Q2.
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.	Uganda treatment guidelines allow for 3-6 months prescriptions for stable patients. However, the guidelines require suppressed viral load prior to MMD. This challenge should be addressed through revised guidelines delinking VLS and MMD. The Ministry of Health approved alternative drug distribution points through pharmacies in 16 districts with high concentration of pharmacies and dense populations of PLHIV. This model decongests facilities and improves client access. Rapidly assessing lessons-learned and collaboration with MOH to endorse this model for scale should be a high priority. Commodity stock-outs are infrequent; however, provider perception of concerns continues to impact MMD.
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	TB preventive treatment was scaled rapidly through surge efforts in FY20. 568,950 patients were initiated on TPT, with an 88% completion rate. PEPFAR Uganda will increase use of 3HP in COP21. No issues hindering implementation are noted.
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.	Viral load coverage for adults was impacted by COVID-19 restrictions, resulting in 86% VLC in FY20 Q4. EID 2-month testing coverage improved from 56% in FY19 Q4 to 68% in FY 20 Q4. In COP19, the EID Surge catch-up interventions improved EID coverage at 12 months and included 100 EID POC m-Pima machines to address systemic

	barriers. COP20 includes investments to expand EID coverage and quality.
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.	Index testing is scaled nationally though some gaps remain in site-level coverage. Self-testing is available and commodity shortages have been addressed. Index testing protocols include screening and treatment for IPV. PEPFAR Uganda has assessed 91% of applicable sites for Safe and Ethical Index Testing, and assessments and remediation effort are ongoing. Gains must be made in pediatric testing, especially pediatric index testing; this remains a priority. The new pediatric HIV screening tool has been incorporated into the 2020 National guidelines and disseminated through the CQI collaborative. 82% of ART sites have been trained.
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*)*.	The updated PrEP policy guidelines include provision for AGYW and PBFW, and clarified that fewer labs are currently needed for screening. Challenges remain that only 50% of HIV-negative clients were screened for PrEP, and 56% of eligible clients were initiated. As broader policy issues are addressed, the focus should remain on demand creation, improving continuity and adherence through DSD models, and addressing stigma.
2. 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) 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.	The alignment of OVC packages of services and focus on priority populations for enrollment continued to improve in FY20. The OVC programs meet requirements per COP20 Guidance.

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.	There are no user fees levied to patients.
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.	MOH leads the national CQI Collaborative with strong support from PEPFAR Uganda technical experts. All IPs participate in these activities.
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.	The national CQI Collaborative sub-groups actively updated and disseminated treatment guidelines and literacy materials, with ongoing mentoring and education efforts to improve practice. Updates to improve U=U messaging is a particular focus of the IEC partner and MOH. PEPFAR Uganda has engaged with the S/GAC Private Sector Engagement team to improve messaging.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	PEPFAR Uganda is on track to meet minimum requirements. Local partner transitions will be slightly delayed as several contracts were not able to be awarded due to local partner capacity. In these cases, transition awards were developed to build capacity for transition over the next 2-3 years.
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 Uganda committed an additional $13M toward commodity procurement in COP20, and for the first time GOU has procured viral load lab reagents. Progress has been made to advance formal recognition of Community Health Extension Workers, however, legislation is not yet finalized.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	PEPFAR Uganda reported on TX_ML in FY20 and investments in national systems will continue to support this MPR.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	PEPFAR Uganda continued to scale the electronic medical record system, which now covers 93% of ART clients. In addition, PEPFAR Uganda continued to

	support development of a unique identifier, which has support from MOH. The policy requires approvals from ministries beyond MOH before it can be fully implemented and the plethora of identifiers will need to be harmonized and streamlined to ensure interoperability.

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

Table 10. COP/ROP 2021 (FY 2022) Technical Directives

OU –Specific Directives
Technical considerations for COP 21
Case-Finding: • Strengthen safe and ethical index testing services by intensive site management in facilities with lower proportions of positives coming from index testing (<25%). Partners should review the full cascade and optimize coverage of those offered (priority populations of newly diagnosed and virally unsuppressed), contact elicitation rate and contact tracing. • The absolute number of men identified this year decreased from 84,418 in FY19 to 61,711 in FY20, and yield was less than half of what was targeted. Increase 15+ male case finding through several strategies: o Maximize efficiency of case finding at PITC by validation of an adult risk screening tool, o Increase access of HIVST to 15+ males through primary and secondary distribution, o Sexual Network and index testing scale up. • Expand access to HIVST, including integration of HIVST distribution and sale into decentralized drug distribution (DDD) private pharmacy platforms; conduct demand creation and strengthen HIVST referral and linkage.
Treatment • Continue efforts to improve continuity on ART through expanded client-centered services, including rapid initiation, pre-appointment reminders, tracking and tracing missed appointments, community-based ART delivery, and transition to DTG-based regimens. • Achieve a minimum of 80% of TX_CURR on 3-6 month dispensing, with majority on six-month, focusing on subpopulations (women and <15) that are lagging behind; ensure all virologically suppressed ART clients have 6-12 months of access to ARVs through either MMD, decentralized/community drug dispensing, or other DSD models. Decouple drug dispensation from clinical indicators, including need for VLS before providing MMD. • Expand MenStar interventions to improve continuity of treatment and return to treatment for male clients, including the use of peer-to-peer support programs/escorted linkage for men (ideally by another man), and refining treatment literacy through consumer-marketing approaches. MenStar guidance and tools can be found at https://pepfar.sharepoint.com/sites/MenStar.
Lab/VL/EID • Increase coverage for 2- and 12-month EID through expansion of POC testing and mother-infant pairs programs. • Identify barriers and implement measures to improve viral load coverage in sub-populations (men aged 20-39 years, adolescents) and select regions (West Nile, Mid-northern, East and East central regions). • Continue to monitor resistance to TLD through CADRE. Consider expanding to include pediatric treatment failure.

Pediatrics and Adolescents

- Scale-up caregiver-assisted HIVST, index and social network testing to improve <15 case finding; expand effective pilot programs in these areas across agencies and partners.
- Improve rates of 3+ month MMD among population <15. Currently <30% of pediatrics are on MMD, one of the lowest rates in PEPFAR-supported countries in SSA.
- Complete transition to optimized pediatric formulations, including LPVr, TLD, and DTG10mg, with continued monitoring of virologic suppression rates, with a goal of reaching 95% suppression.
- Improve continuity of treatment though proven strategies such as OTZ, enhanced enrollment in comprehensive OVC programming, virtual follow-up, and peer-support networks.
- Expand effective adherence and VLS interventions identified in Kampala and other regions to underperforming SNUs and partners through CQI collaboratives.
- Continue to scale Community Adolescent Treatment Support (CATS), age-specific disclosure and link adolescents into OVC programs to improve VLS.

HIV/TB

- Focus on increased quality TB screening, especially for ART patients already in care, as only 2.5% of ART patients already in care and 6.9% of those newly on ART are screened positive for one of the four TB symptoms, despite an ongoing respiratory-related pandemic. TB screening must be improved through engaging more PLHIV and using higher yielding screening tools to facilitate early case detection that may be complemented by active case findings and contact investigation to further find the missing TB/HIV cases.
- Simplify access to TB services in the community for patients in care through integrating TB screening, TB treatment, and TPT into differentiated service delivery (DSD) models.
- Continue plans to transition from INH to 3HP as supplies become available. Transition should continue without slowing down the TPT scale-up in anticipation of 3HP availability.

Advance Disease Management

- Incorporate advanced disease management for children in national guidelines. Continue scaling up implementation of the AHD package, including ensuring that children aged <5 years not on ART and children aged >=5 years and adolescents who initiated ART but experienced interruptions in treatment for 3 months or more are assessed upon return to care and offered the WHO package for pediatrics.
- Continue to strengthen capacity for the management of advanced HIV disease through training, tools, and mentorship.
- Scale-up of cervical cancer screening to remaining sites and ensure that activities planned are aligned with PEPFAR clinical guidance, with a detailed description of implementation status and scale-up within the Strategic Direction Summary for COP 2021.

Key Populations

- Improve on data quality, data reporting and harmonize data reporting, including interoperability and alignment of DHIS and KP tracker.
- Improve viral load coverage among KPs. Decentralize sample collection for VL testing through drop-in centers or other community sites; consider POC technologies if funding permits.
- Expand effective case finding approaches for KP (e.g. risk assessments, SNS, index testing, recency testing, social media outreach to identify KP subgroups less likely to be reached through traditional interventions). Policies on retesting of KPs should be aligned with WHO normative guidance documents on retesting.
- If funding levels permit, complete a new KP survey, inclusive of diverse populations and geographies, to update estimates and inform future programming.

OVC

- Improve OVC TX_CURR coverage across SNUs. In COP21, OVC and clinical implementing partners in Uganda must continue to work together (such as through formal MoUs or other agreements that clearly outline roles and responsibilities) to ensure that 90% or more of children and adolescents on ART with PEPFAR support in OVC SNUs are offered the opportunity to enroll in the comprehensive OVC program.
- Noting the increase in GEND_GBV <20 (i.e., individuals who accessed clinical GBV response services) in FY2020, OVC programs should continue scaling efforts to prevent and respond to sexual violence against children. This should include formalizing relationships with ongoing efforts to strengthen GBV reporting and response (e.g., Uganda Child HelpLine, District Action Centers, PEPFAR clinical IPs), leveraging community-based case managers for both monitoring and providing non-clinical post-GBV care, and training all frontline workers in age-appropriate first-line support (and relevant GOU policies).

DREAMS

- Implement "catch up" plans to reach vulnerable 10-14 AGYW and layer needed services.
- Ensure AGYW are active in DREAMS for at least 9 months to ensure greatest impact possible. 44% of 10-14 year olds and 68% of 15-19 year olds are completing the primary package and at least one secondary interventions in less than 6 months.
- Finalize community adaptation of HIV prevention and violence prevention curriculum for 9-14 year olds; budget for and conduct an evaluation of early experiences with implementation of adapted Journeys+ in community-based settings for AGYW 9-14.
- Continue to implement and scale-up economic strengthening activities as proscribed in COP20/COP21 guidance; Increase the number of AGYW aged 15-24 years that receive comprehensive economic strengthening model and ensure they receive adequate support with accessing wage-employment opportunities or starting/growing a business.
- Improve completion rates of the primary package and secondary service in the 20-24 age band, as they are more likely to need HTS, PrEP, contraceptives, and condoms.
- Consider expansion of DREAMS to include targeted high incidence areas of Kampala if funding level permits and aligned with COP21 and DREAMS Guidance.

PrEP

- Generate demand for PrEP services, particularly among at-risk AGYW and PBFW, which were newly adopted in national PrEP policy. Consider integration of PrEP education in curricula that are used for parents and communities of AGYW.
- Refine and expand PrEP programming to remove barriers identified by Root Cause Analysis.
- Explore with MOH revised policies, guidelines, and implementation plans to incorporate new biomedical prevention options such as the Dapivirine Ring and cabotegravir long-acting injectable (CAB-LA) as they come available into existing prevention programming.

VMMC

- Continue to advance progress toward saturation of priority age bands in highest burden districts. Ensure all partners achieve full compliance with PEPFAR age guidance.
- Monitor client follow-up given recent declining rates of follow-up occurring in the last two quarters of FY2020. Deploy enhanced site management if trend continues.
- Ensure that the program optimizes performance safely by adapting services, scaling up in a controlled fashion, and monitoring sites for compliance with risk mitigation standards.

Health Systems

- Supply Chain
  - Scale DDD, including through private pharmacies, to all districts and align facility and central level systems.
  - Improve data visibility and increase end-to-end visibility by harmonizing information systems at the health facility level to interface with NMS ERP system. Scale the NMS ERP to more health facilities.
  - Accelerate utilization of private sector capabilities and infrastructure, with near-term focus on warehousing and distribution for operating the supply chain and for enhanced performance and increased visibility to the point of care.
- Recency
  - Finalize national coverage of sites conducting recency testing and ensure VL samples are collected for RITA.
  - Develop and ensure continuous quality of HIV testing, recency testing and the quality of recency data reporting from all sites.
- Strategic Information and Health Management and Information Systems
  - Continue "year three" efforts to expand EMR coverage and inter-operability with other data streams, including improvements in "last-mile" connectivity.
  - Normalize and deploy unique identifiers to allow for tracking of clients between facilities.
  - Ensure data sharing agreements or interagency access for all PEPFAR funded-data sets.
- Human Resources for Health
  - Continue transition of contracted health workers into the public sector and/or through MOH-led contracting of HRH for HIV services.
  - Ensure HRH staffing and investment data reporting quality.
  - Support MOH to recognize and expand community health worker cadre.
  - Expand local partner capacity for HRH to advance long-term sustainability for HRH, including contracting of HRH for HIV services.
- Expand efforts to capacitate Regional Referral Hospitals to lead regional CQI activities, and develop capacity benchmarks to measure CQI progress.

COP/ROP 2021 Technical Priorities

Client Centered Treatment Services

COP21 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 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.

Pediatric- and Adolescent-Centered Services

In COP21, PEPFAR programs are required to demonstrate improvement in pediatric case finding, including safe and ethical index testing, to close HIV treatment gaps across age and sex bands. Programs must move forward with the introduction and broad use of pediatric DTG formulations in FY21 (COP20), with full implementation expected to occur during the first quarters of FY22 (COP21). Programs need to further advance pediatric- and adolescent-specific continuity of treatment programming, including age-appropriate differentiated models of care and leveraging bidirectional synergies with clinical and OVC implementing partners. OUs must develop a comprehensive plan to achieve ≥ 90% viral load coverage and viral load suppression across all age and sex bands. To further reduce morbidity and mortality, clinical programs should include an evidence-based advanced HIV disease package of care for children and adolescents.

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 COP 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.

DREAMS

DREAMS funding is allocated within your COP 2021 planning level and must be used exclusively for the goal of HIV prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2021 Guidance. In addition to ensuring that all DREAMS beneficiaries complete the core package of relevant services, priorities for COP21 DREAMS implementation include systematically identifying and engaging AGYW that are most vulnerable to HIV acquisition; particularly pregnant AGYW and those who are mothers; improving the package of economic strengthening services offered to AGYW (including exploring potential job opportunities through

PEPFAR); ensuring evidence-based curricula are implemented with quality and fidelity; enhancing mentoring selection, training, compensation and supportive supervision processes; and accelerating PrEP uptake for AGYW in DREAMS SNUs.

OVC

To support the Minimum Program Requirement described above, in COP 21 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, pediatric case finding, case conferencing, shared confidentiality, joint case identification, and data sharing. In high volume clinics within high burden SNUs, at least 90% of children (<age 19) in PEPFAR-supported treatment sites should be offered enrollment in OVC programs. OVC staff placed in clinics (e.g., as linkage coordinators, case managers, etc.) should have the capacity to assess child and family needs (including food and economic security) and to offer appropriate referrals. 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.

VMMC

Funds have been provided to conduct VMMC for males 15 years or older. The team is reminded of the revised guidance which allows surgical VMMC for those 15 or older. While Shang ring may be considered for those below age 15 with headquarters approval, it should be limited to those age 13 or above who are able to understand the procedure and provide informed consent, along with parental consent as dictated by local laws. All VMMC providers must adhere to the requirements for reporting of Notifiable Adverse Events.

Cervical Cancer Screening and Treatment

Funding for cervical cancer screening and treatment of pre-invasive lesions. The target for screening must be equal to half of the TX_CURR for women age 25-49. All teams performing cervical cancer screening must adhere to the PEPFAR screening guidance and report into the cervical cancer MER indicators. Basic treatment should be available for pre-cancerous lesions at the site of screening except under exceptional circumstances. All sites performing screening should establish clear referral mechanisms for patients needing treatment not available on site such as LEEP or evaluation for potential invasive cancer. Patient referral between sites should be facilitated and outcomes of the referral tracked to assure appropriate treatment and to allow reporting of results.

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.

Uganda will have access to $2.5 million from the Condom Fund in COP21/FY22, contingent upon adequate justification of need. Coordination with other donors that provide commodities, including the Global Fund, is also critical and expected. The process for estimating your country's total condom and lubricant need is outlined in the COP21 guidance. Among other items, this justification should include an outline of how Uganda will support condom programming in FY22 with funds from your base COP21, the Condom Fund, the GF and/or other donors, and the host-country government. Please note that in

FY22 there will also be limited funding available to cover unexpected or emergency condom and/or lubricant requests from PEPFAR-supported countries. Access to these funds will be provided on a first come, first served basis, and OUs will be required to provide a justification for why their special request is being made.

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.

Human Resources for Health (HRH) and Sustainability

Using data from the HRH Inventory completed in COP20 Q4, OUs are expected to complete a comprehensive HRH analysis to optimize staffing at the site- and above-site-levels. PEPFAR programs in countries that will be near to or reach 95/95/95 in the COP20 implementation cycle are required to develop and implement plans to sustain their progress and effectively retain clients in quality HIV treatment programs. Results from the Sustainability Index and Dashboard (SID) 2019 should inform the OUs on their progress and gaps related to the policies and technical areas for inclusion in the sustainability plans. Resource alignment data should be used to understand the HIV funding landscape--especially with a more granular understanding of PEPFAR and GFATM investments-- who is paying for what services in order to enhance strategic collaboration and coordination and avoid duplication during the program planning cycle.

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 Uganda 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.

Faith and Community Initiative (FCI)

Building upon PEPFAR's standing principle to ensure "every dollar is optimally focused for impact", OUs with continuing FCI investments should continue implementing best practices in accordance with FCI and COP21 Guidance. Priorities for COP21 FCI implementation for addressing gaps in reaching men

and children include: coordination through an Inter-Faith Steering Committee to advance treatment literacy; and decentralized, continuing care through faith-engaged community posts, faith-engaged highly targeted HIV self-testing, and/or community adolescent treatment programs for youth living with HIV.

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): Uganda'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)

Orphans and Vulnerable Children (OVC): Uganda's COP/ROP 2021 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2021 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

- 85% (DREAMS initiative funding — commodities planned under DREAMS initiative — Any HTS interventions planned under DREAMS initiative — Any C&T intervention planned under DREAMS initiative)
- 100% (OVC Beneficiary group funding — commodities planned under any intervention with OVC beneficiaries — Any HTS planned under interventions with OVC beneficiaries
- 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 OVC earmark)

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. In such cases, teams should provide brief justifications and explain the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors. The written justifications should be uploaded as 'Budgetary Requirements Justification' to the document library of FACTS Info.

Abstinence, Be Faithful/Youth (AB/Y) programming, formerly captured in the HVAB budget code, will now be captured by using a combination of prevention program areas and beneficiaries, which are identified in the formula below. The numerator captures those interventions that are Abstinence, Be Faithful/Youth (AB/Y) programming, and the denominator approximates all sexual prevention activities. The proportion of Abstinence, Be Faithful/Youth (AB/Y) programming as a proportion of all sexual prevention activities is calculated by dividing the numerator by the denominator:

Numerator

Prevention: primary prevention of HIV and sexual violence

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, and boys)

+

Prevention: community mobilization, behavior, and norms change

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, boys, adults, not disaggregated)

Denominator

Prevention: primary prevention of HIV and sexual violence (all populations)

+

Prevention: **community mobilization, behavior, and norms change** (all populations)

+

50 % Prevention: **Not disaggregated** (all populations)

Gender Based Violence (GBV): Uganda's COP/ROP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2021** funding programmed to the GBV cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2020 GBV earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Uganda's COP/ROP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2021 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 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 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 Uganda should hold a 3 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 3 month buffer. Any agency that anticipates ending COP/ROP 2020 implementation (end of FY 2021)

with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP/ROP 2021, decreasing the new funding amount to stay within the planning level.