United States Department of State

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INFORMATION MEMO FOR Chargé Kvien, Ukraine

FROM: S/GAC Chair, Brendan Garvin and PPM Alison Bramhall

THROUGH: Ambassador Deborah L. Birx, MD

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

Dear Chargé Kvien,

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, we should 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:

- Maintaining clients on uninterrupted treatment despite the severity of Ukraine's COVID-19 epidemic, while sustaining progress on key testing and treatment targets.
- Ensuring the stability of Ukraine's supply of life-saving ARV drugs through timely advocacy, procurement support, and collaboration with multilateral partners.
- Over-performing on targets for scale-up of PrEP, setting the stage for further aggressive expansion of PrEP availability in 2021.
- Successful scale-up of PWID and self-testing case finding.

Together with the Government of Ukraine and civil society leadership we have made tremendous progress together. Ukraine should be proud of the progress made over the past 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. Ensuing all children are diagnosed and are on the best treatment regimens and virally suppressed

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

- COVID-related disruptions to healthcare facilities and facility-based HIV testing have led to emerging case-finding gaps, despite the continued scale-up of community testing, self-testing, and index testing.
- Loss to follow up (LTFU) issues have continued.
- Multi-Month Dispensing (MMD) implementation was limited in 2020 due to ARV supply challenges. Now that the team has successfully addressed supply challenges, we will need to focus on ensuring broad-scale implementation of MMD.
- PLHIV are still being identified at late stages of illness with low CD4 counts indicating that we still have more work to do in understanding who we are missing and how to best find them.

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. Ukraine has not yet achieved the 2020 goals and is not yet on track to achieve 2030 goals early which means sustaining the amazing gains will need to be our constant focus.

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 Ukraine is **$45,375,000** 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 Government of Ukraine and civil society of

Ukraine, 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 – Brendan Garvin, Chair and Alison Bramhall, PPM, Alice Wolfram, 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 your country 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 (expanded from introduction):

1. Maintaining clients on uninterrupted treatment despite the severity of Ukraine's COVID-19 epidemic, while sustaining progress on key testing and treatment targets. Ukraine has successfully implemented measures to mitigate the impact of COVID-19, including online consultation, ARV deliveries in person and by courier service, ART initiations via Skype and other program adaptations. They were able to streamline HIV care and ensure uninterrupted treatment. Ukraine has also started implementation of an ambitious retention package that includes patient tracing, ART delivery in remote areas, use of mobile teams, motivational interviewing, extended and weekend clinic hours, use of patient navigator and e-health reminders, expanded the use of MMD across all provinces, a measure especially impactful for PWIDs and referral to drug addiction services among other evidence-based interventions. The Adult Men Case Finding (AMCF) approach was successfully launched and preliminary results indicate it is capable of identifying undiagnosed men in different settings/sites. These results indicate that this strategy has potential to reach former PWID, non-injection drug users, and other groups previously elusive to traditional testing strategies. Lastly, the number of positives and yield through index testing were maintained during COVID-19 and even increased in FY 2020, Quarter 4.

2. Ensuring the stability of Ukraine's supply of life-saving ARV drugs through timely advocacy, procurement support, and collaboration with multilateral partners. This support helped avert potential catastrophic treatment interruptions, facilitated an accelerated transition to WHO-recommended one-pill-a-day regimens, and helped make possible the first-ever procurement of ARVs by Ukraine's Central Procurement Agency (which achieved major cost savings for the GOU).

3. Over-performing on targets for scale-up of PrEP, setting the stage for further aggressive expansion of PrEP availability in 2021. Scale up of PrEP occurred throughout the pandemic, indicating the demand is strong. Despite a small dip in initiation, PEPFAR-Ukraine surpassed PrEP_NEW targets, achieving over 129% in FY 2020. Among Key Populations, over 87% of the MEM PrEP_NEW targets were reached. Other populations were initiated on PrEP in FY 2020, including 24 PWID, 19 FSW and 369 non-KP clients. Furthermore, results indicated a broad distribution of age and sex across PrEP_CURR results. This indicates that there may be more demand than expected, and potential opportunities for scaling PrEP among other KP not initially targeted in FY 2019 and FY 2020. Demand creation materials for PrEP were developed and disseminated publicly in FY 2020. IEC materials were directed toward a wide array of the public, not just MSM. This initiative may in part explain for the over achievement in FY 2020.

4. The successful scale-up of PWID case finding was achieved through expanded/optimized mobile clinic and social network testing, implementation of multi-testing (HIV/HCV) and new data-driven Adult Men Case Finding program that reached PWID and former PWID in rehabilitation centers, homeless shelters, etc. The self-testing scale-up, after resolution of supply issues (20,000 testing kits delivered to 12 regions and 18 NGOs) in February 2020.

Challenges (expanded from introduction):

1. COVID-related disruptions to healthcare facilities and facility-based HIV testing have led to emerging case-finding gaps, despite the continued scale-up of community testing, self-testing, and index testing. We will need to make up for these gaps in COP21. Further, we will have to continue to deploy screening tools and review the overall facility-based testing strategy.

2. LTFU issues need continued attention, particularly the scale up of pilot programs intended to address the issue.

3. MMD implementation was limited in 2020 due to ARV supply challenges; however, the team has successfully addressed supply challenges and will need to focus on ensuring broad-scale implementation of MMD with the goal of 6-month MMD for most clients.

4. PLHIV are still being identified at late stages of illness. The focus will be on finding younger clients and clients who are not yet symptomatic, linking these people to treatment and ensuring that they have access to lifelong care.

Given your country's status of achieved or are near achieving epidemic control, the following priority strategic and integrated changes are recommended:

1. Identifying and addressing case-finding and other gaps that have emerged as a result of COVID-related disruptions to Ukraine's healthcare system.

2. Intensifying focus on retaining clients in lifelong care, including through broad-scale implementation of MMD.

3. Intensifying focus on identifying and linking clients at early stages of HIV progression, particularly younger clients and clients who are not yet experiencing HIV symptoms.

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	**$ 37,541,035**	**$ 4,139,498**	**$ -**	**$ -**	**$ 375,000**	**$ -**	**$ -**	**$ -**	**$ 42,055,533**
GHP-State	$ 37,056,451	$ 4,139,498	$ -		$ -	$ -	$ -		$ 41,195,949
GHP-USAID	$ -				$ 375,000				$ 375,000
GAP	$ 484,584				$ -				$ 484,584
Total Applied Pipeline	**$ -**	**$ -**	**$ -**	**$ 3,319,467**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 3,319,467**
DOD				$ 10,930				$ -	$ 10,930
HHS/CDC				$ 1,180,643				$ -	$ 1,180,643
HHS/HRSA				$ -				$ -	$ -
PC				$ 450,590				$ -	$ 450,590
USAID				$ 444,469				$ -	$ 444,469
USAID/WCF				$ -				$ -	$ -
State				$ -				$ -	$ -
State/AF				$ -				$ -	$ -
State/EAP				$ -				$ -	$ -
State/EUR				$ 1,232,835				$ -	$ 1,232,835
State/PRM				$ -				$ -	$ -
State/SCA				$ -				$ -	$ -
State/SGAC				$ -				$ -	$ -
State/WHA				$ -				$ -	$ -
TOTAL FUNDING	**$ 37,541,035**	**$ 4,139,498**	**$ -**	**$ 3,319,467**	**$ 375,000**	**$ -**	**$ -**	**$ -**	**$ 45,375,000**

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

Countries should plan for the full Care and Treatment (C&T) level of $8,000,000 and the full Orphans and Vulnerable Children (OVC) level of $130,000 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	$ 8,000,000	$ -	$ -	**$ 8,000,000**
OVC	$ 130,000	$ -	$ -	**$ 130,000**
GBV	$ -	$ -	$ -	**$ -**
Water	$ -	$ -	$ -	**$ -**

**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	**$ 45,000,000**	**$ 375,000**	**$ 45,375,000**
Core Program	$ 45,000,000	$ -	**$ 45,000,000**
Cervical Cancer	$ -	$ -	**$ -**
Community-Led Monitoring	$ -	$ -	**$ -**
Condoms (GHP-USAID Central Funding)	$ -	$ 375,000	**$ 375,000**
DREAMS	$ -	$ -	**$ -**
HBCU Tx	$ -	$ -	**$ -**
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

	Appropriation Year			
	FY21	**FY20**	**FY19**	**Unspecified**
ICASS	$ 61,663	$ -	$ -	

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	1,648	1,767
TX Current >15	93,226	112,009
VMMC >15		
DREAMS (AGYW PREV)	0	
Cervical Cancer Screening	0	
TB Preventive Therapy	9,104	30,387

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
Planned			
DOD	317,326	304,320	13,006
HHS/CDC	12,902,736	10,259,436	2,643,300
HHS/HRSA	2,050,000	1,955,426	94,574
PC	540,000	244,614	295,386
State	2,355,852	288,236	2,067,616
USAID	11,765,170	10,441,330	1,323,840
Grand Total	**29,931,084**	**23,493,362**	**6,437,722**

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
14235	Alyans Gromaskogo Zdorovia,MBF	HHS/CDC	$37,236	$336,679	($299,443)

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	160,848	130,813	81.3%	HTS	$4,606,941	93%
	HTS_TST_POS	9,237	5,945	64.4%			
	TX_NEW	27,573	15,724	57%	C&T	$946,225	93%
	TX_CURR	121,971	92,181	75.6%			
					Above Site Programs	$1,788,993	
					Program Management	$950,285	
PC	OVC_SERV	600	657	110%	OVC Beneficiary	$10,355	100%
					PREV	$41,973	100%
					Above Site Programs		
					Program Management	$4,291	
DOD	HTS_TST	10,000	12,546	125%	HTS	$132,326	100%
	HTS_TST_POS	200	114	57%			
					PREV	$100,000	100%
					Above Site Programs		
					Program Management	$60,000	
USAID	HTS_TST	277,624	281,355	101%	HTS	$4,883,733	68%
	HTS_TST_POS	18,793	6,355	34%			
					C&T	$367,724	78%
					PREV	$365,958	
					Above Site Programs	$1,518,165	
					Program Management	$2,014,064	
HHS/HRSA	HTS_TST	10,201	5	50%	HTS	$708,281	54%
	HTS_TST_POS	2,154	696	32%			
					C&T	$483,923	31%
					Above Site Programs	$241,835	
					Program Management	$432,466	

COP/ROP 2019 | FY 2020 Analysis of Performance

Ukraine's key successes

- Maintaining clients on uninterrupted treatment despite the severity of Ukraine's COVID-19 epidemic, while sustaining progress on key testing and treatment targets.
- Ensuring the stability of Ukraine's supply of life-saving ARV drugs through timely advocacy, procurement support, and collaboration with multilateral partners.
- Over-performing targets for scale-up of PrEP, setting the stage for further aggressive expansion of PrEP availability in 2021.
- Successful scale-up of PWID and self-testing case finding

Ukraine's key challenges

- COVID-related disruptions to healthcare facilities and facility-based HIV testing have led to emerging case-finding gaps, despite the continued scale-up of community testing, self-testing, and index testing.
- LTFU issues need continued attention, particularly the scale up of pilot programs intended to address the issue.
- MMD implementation was limited in 2020 due to ARV supply challenges. Now that the team has successfully addressed supply challenges, we will need to focus on ensuring broad-scale implementation of MMD with the goal of 6 month MMD for most clients.
- PLHIV are still being identified at late stages of illness indicating that we have more work to do to fully understand the characteristics of our undiagnosed clients.

Care and Treatment (Treatment coverage, New on treatment, current on treatment, return to care/LTFU, Viral Load, ART Optimization), Case Finding, OVC, DREAMS, VMMC, Cervical Cancer, Key Populations, Above-Site

1. Case Identification: While Ukraine made some observable gains in HIV case finding in COP 19, exceeding their COP 18 results despite the challenges of COVID-19, continued efforts are needed to intensify case finding. In COP 19/FY 2020, PEPFAR Ukraine achieved 43.1% of the HTS_TST_POS target and 57% percent of the TX_NEW target. Case finding in the majority of PEPFAR Ukraine regions is also improving with gains being seen in our key populations (KP), especially in PWID. Successful scale-up of PWID case finding was achieved through expanded/optimized mobile clinic and social network testing, implementation of multi-testing (HIV/HCV) and new data-driven Adult Men Case Finding program that reached PWID and former PWID in rehabilitation centers, homeless shelters, etc. Results indicate that this strategy has not only the potential to reach former PWID but non-injection drug users and other groups previously elusive to traditional testing strategies. Self-testing was also successfully launched after resolution of supply issues and while preliminary results are promising, continued efforts are needed to increase self-testing, especially for women age 15-24 years. Additional focus is needed on facility-based testing (although COVID-19 is understandably limiting progress at present); ART retention and loss to follow-up. Specifically:

    - After supply chain issues in FY 19 that led to 0% achievement against targets, Health Link was quickly able to scale self-testing after commodities arrived in FY 20 Q2 and ended with 52% achievement despite only 2 full quarters of implementation. Distribution of self-testing kits are reaching different populations: oral test distribution resulted in 28% positivity, reaching the general population and PWID and Safe Boxes reached MSM and partners. Assisted self-testing resulted in 74% ART initiation. Health Link's implementation of multi-testing (HCV/HIV) also

occurred in FY 20. Health Link was able reach 20,423 individuals with HCV/HIV testing and 2,985 individuals with syphilis testing. While Health Link continued improvements with an increased trend in case finding in Q1 and Q2. Impacts from COVID-19 affected Q3 and Q4 targeted testing strategies and results and finding positives continues to be an issue with 33% achievement for HTS_TST_POS.

- Alliance initiated an aggressive and rapid scale up of PWID case-finding in COP 19. Despite a small COVID related dip in FY 20 Q2 and Q3, both OCF and KPIF models continue to improve. KPIF FY 20 Q4 performance improved with an HIV positive yield of 7% (1,845 cases). 102% were linked to care by the end of FY20 Q4.

- ACCESS PRO testing contributions resulted in identification of 861 HIV positive cases in FY 20, a 51% increase from FY 19 (571) and a 2.5% yield in the identification of newly positive clients in COP 19/FY 20. ACCESS PRO's implementation of PITC Screening Tool for FY 20 Q2-Q4 resulted in 4o HIV positive screened in patients or a 1.9% yield.

- Serving Life index case testing was extended to all prisons in all 12 PEPFAR regions in FY 20 Q1. Case finding activities in COP 19 resulted in an increased in acceptance rate from 53% in FY 20 Q1 to 68% in FY 20 Q4. The percentage of testing also increased from 63.4% in FY 20 Q1 to 88.2% in FY 20 Q4. The yield in new HIV positives increased from 5.7% in FY 20 Q3 to 7.3% in FY 20 Q4. Index case testing in the penal sector resulted in a 17% yield in HIV positives.

- DOD achieved a 57% (46% achievement in COP 18/FY 19) HTS_TST_POS target achievement in COP 19/FY20 through IHATI which began its support in FY 19 Q3.

2. Treatment: PEPFAR Ukraine reported 16,344 PLHIV were initiated on treatment in FY 20, bringing the total treatment cohort in PEPFAR-supported regions to 94,874. This was a net gain of 12,747 from FY 19. Of the ARVs dispensed, 52% dispensed were a 3-5 month supply of ARVs. During FY 20, 3, 104 ART deliveries through METIDA, Health Link, Access Pro and Serving Life were provided to 2,770 patients. In FY 20 we saw a significant improvement in time to ART initiation with 59% receiving same day initiation. While Ukraine saw a rise in TX_CURR, COVID exacerbated the existing treatment continuity challenges. Treatment interruptions increased from 4,545 in FY 20 Q3 to 4,657 ART patients without clinical contact in FY 20 Q4. As Ukraine makes continued progress towards 95-95-95 goals, 2nd 95 investments in retention strategies will be needed with a particular focus on females aged 20-34 years and males aged 25-44 years. Continued PEPFAR collaboration with the Government of Ukraine and the Global Fund will be needed to avoid ARV supply chain disruptions in TLD as continued progress is made in making TLD and other optimized ARV treatment more widely available.

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

    - Development and implementation of the National HIV Drug Resistance Strategy, where early warning indicators (EWIs) of HIV Drug Resistance will be routinely collected with HIV MIS.

    - Implementation of the International Index Stigma Study in Ukraine in FY 20. The study was funded through USAID/Health Link Program and implemented by 100% Life. While stigma declines, discrimination from HCWs and self-stigma persist with 63% of PLHIV

experiencing self-stigma, 30% of PLHIV showing self-discrimination and 17% of PLHIV facing stigma and discrimination from health care workers.

- 256 ART sites passed Data Quality Assurance with a total of 300 facility checks with 74% of facilities scoring 95%-100% in quality.

4. Tuberculosis (TB): In COP 19/FY 20, 4,795 PLHIV initiated TBT in all Ukraine. The percentage of ART patients being screened for TB over time has seen a significant increase from 25% in FY 18 Q4 to 98% in FY 20 Q4. Ukraine achieved a 56.8% TBT completion rate by the end of FY 20 Q4. In FY 20 Q3,4 TB drugs and ART have been delivered for 500 (Q3) and 1,500 (Q4) patients monthly.

5. Prevention:
    - Through the Alliance MAT Project, 3,732 clients received methadone maintenance therapy (KP_MAT) with a 90.6% target achievement. Increased support for MAT clients continues with expansion of take-home regimens from 50-95% and facilities continued access to MAT despite closure of public transportation. 97% of all HIV-positive MAT patients were on ART at the end of September 2020. ART home deliveries were made by nurses, social workers and mobile teams.

    - PrEP: PEPFAR Ukraine (with support from CPH and Alliance METIDA) achieved 129.1% of the PrEP_NEW target in COP 19/FY 20. 66% of MSM and 3% of FSM were currently on PrEP.

6. Orphans and Vulnerable Children: PEPFAR Ukraine achieved 95% of the COP 19/FY 20 target for OVC_SERV, providing 657 orphans and vulnerable children and caregivers with mentorship and socioeconomic support. Two-thirds (415) OVC clients reached were under 18 years of age, and the remaining third (242) were over the age of 18. 415 OVC under 18 years of age reported HIV positive. Out of the 415, 298 were on ART.

7. Financial Performance: USAID, HHS/CDC and PC under-outlaid in COP 19/FY 20, largely due to COVID restrictions (PC under global evacuation) and trainings and meetings being conducted virtually instead of in-person. In FY 20, 82% of budget was expended. Budget execution was low for SE, ASP, C&T and PM but high for HTS and PREV.
    - For HTS, high budget execution was driven by University of Washington and Alyans Gromaskogo Zdorovia, MPF and CO 100 Percent Life.

    - For PREV, high budget execution was driven by CO 100 Percent Life.

    - For C&T, University of Washington was responsible for greatest share of C&T budget, but only spent 44%.

    - For PM and ASP, no single implementing partner is responsible for low PM or ASP budget execution.

    - For SE, Peace Corp is responsible for low SE budget execution.

All agencies should include estimated close-out costs for FY 21 during COP 21 planning.

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.	WHO Treatment 2016-18 adopted as national guidance for implementation, with previous clinical protocol canceled. MOH Order 1903 (September 2020) allows for registration of new ART clients at any healthcare facility (not just ART sites), diagnosis and provision of ART by any trained physician (not just infectious disease specialists). Order also eliminates requirement for large number of lab tests and medical exams prior to ART initiation, in line with WHO guidance. Order 794 streamlines HIV testing algorithm, endorsing use of RTs for HIV confirmation and enabling same-day AERT initiation. Regional round tables support implementation of test and start and eliminate ART scale-up bottlenecks. Demand creation campaign (U=U) launched in COP 19.

	Continuation of training and capacity building of providers to implement provisions of MOH Order 1903 will solidify progress in this area.
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.	TLD transition is on track. Continued improvements to GOU commodity forecasting to avert supply-chain bottlenecks in availability of TLD and transition from NVP-based regimens. Advocacy to include in GOU procurement DTG formulations for children and remove EFV-based regimens for children.
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.	MMD is available but implementation stalled in COP 19 due to supply chain bottlenecks. MOH Order 1903 (September 2020) formally recommends MMD for new clients (3MMD) and existing clients (6MMD). Improved supply chain situation should allow comprehensive implementation of MMD in CY 2021.
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.	TPT is provided by the GOU. GOU policy is to provide TPT for all PLHIV who do not have active TB. There is national guidance approved on TPT prescription for PLHIV within the guidance on Latent TB Infection Diagnostics and Treatment. New regimens of TPT for PLHIV, including children are outlined in the draft of the National Standards of TB, to be finalized in 2021. Advocacy for registration and procurement of Rifapentine in country for three-month TPT needed. Need for continued facilitation of implementation of new TPT regimens in regions.
5. Completion of Diagnostic Network Optimization activities	Continue current activities. Address

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.	remaining bottlenecks in VL coverage in support of third 95 goals.
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 successfully introduced in COP 17 and significantly scaled up in COP 19 and COP 20. Activities to ensure compliance with the 5Cs and assessment of IPV risk are underway. Supportive supervision and monitoring processes are under review to ensure compliance and improve quality of service delivery. Self-testing was successfully introduced in COP 19, with scale-up in COP 20. Several distribution platforms (e.g., online orders, vending machines) have been utilized to reach key populations, particularly MSM. In addition, blended modalities have been introduced with self-testing integrated into index case testing services through secondary distribution to partners of people testing positive for HIV. Differentiated HIV testing service delivery approaches (index testing, self-testing) will continue to be utilized to meet the unique needs of key populations and other population sub-groups, in order to find people at earlier stages of HIV infection.
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 is currently provided to HIV-negative clients at elevated risk of HIV acquisition. Efforts to make PrEP more widely available (including potentially at pharmacies) should be further explored.
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	OVC services are effectively aligned to (a) provide referrals to testing and treatment services for OVC aged 0-17, and (b) provide support and case management for vulnerable children and adolescents living with HIV.

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	Continuing alignment of OVC packages with priorities for HIV case finding, testing, linkage, and retention is recommended in COP 21.
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.	Not applicable for PEPFAR Ukraine.
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.	PEPFAR Ukraine is actively implementing CQI approaches to guide the scaling of test and start activities with fidelity, with a specific emphasis on high-volume sites. All PEPFAR Ukraine implementing partners are integrating CQI approaches into COP work plans, with complementary monitoring 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.	PEPFAR Ukraine IPs have launched national U=U campaign and campaign to encourage PrEP uptake. Gaps remain in evidence of treatment and viral load literacy among primary healthcare providers (including non-infectious disease physicians).
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	This is on track, with local partner NGO and GOU funding.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	The GOU has continued to meet commitments for funding the HIV response with the procurement of ARVs and supporting decentralization of HIV services to the primary-care level. Transition to public, state government financing of HIV/AIDS services is continuing. Ongoing work to ensure that National Health Service of Ukraine service packages address the needs of PLHIV at all levels of the health system will support further progress in this area.

6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	This is tracked within HIV MIS. Ongoing efforts to streamline and monitoring morbidity and mortality reporting will support further gains in this area.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	This is already being addressed in HIV MIS implementation.

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

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

OU –Specific Directives
HIV Treatment
1. Continue expansion of 6MMD-TLD and ensure supply chain is secured to support it.
2. Develop evaluation framework for implementation of retention package in COP 20 that will allow for tailoring of interventions for specific subpopulation in COP 21.
3. Institutionalize client-centered adherence support packages to ensure treatment continuity.
HIV Prevention
1.Expand PrEP and MAT to high-risk groups through differentiated service delivery models and broaden PrEP client population to include FSA and sero-discordant couples.
2.Continue increasing targets for PrEP in COP21 and include targets for MSM, FSW, gen-pop, PWID and TG. Consider funding a PrEP targeting exercise in FY21 to appropriate allocating resources based on expected need.
Other Government Policy or Programming Changes Needed

<Please include very brief description as needed for OU specific directives at discretion of Chair & PPM inclusive of Modernization of Supply Chain, HRH, DREAMS, Menstar, etc.>

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 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.

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.

Ukraine will have access to $375,000 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 Ukraine 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 Ukraine 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): 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)

Orphans and Vulnerable Children (OVC): OU'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): OU'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: OU'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 Ukraine 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.