



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Ukraine Country Operational Plan

COP 2020

Strategic Direction Summary

March 9, 2020

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1.0 Goal Statement

Ukraine made significant progress toward epidemic control in 2019, increasing volume and efficiency of case-finding, accelerating linkage to treatment, and achieving 95 percent viral suppression across the 12 PEPFAR scale-up aggressive regions. Ukraine's progress reflects strong stakeholder engagement from the Ministry of Health, the National Center for Public Health (CPH), and civil society. The Government of Ukraine (GoU) is implementing national policies to streamline diagnosis and improve the quality of care provided to people living with HIV (PLHIV).

The GoU remains committed to the Strategic Development Goals and UNAIDS 95-95-95 targets. PEPFAR Ukraine's robust case-finding, treatment, and retention plans for COP 2020 would bring the 12 PEPFAR scale-up aggressive areas to 90/90/95 by the end of COP 2020, setting the stage for accelerated progress towards 95-95-95 thereafter.

In order to achieve these ambitious goals, PEPFAR-Ukraine's Country Operational Plan (COP) 2020 goals are to:

- Ensure rapid update of ART through:
 - Scaling and optimizing implementation of effective case-finding modalities, including index testing, social network testing, self-testing and multi-testing.
 - Focusing technical assistance (TA) and continuous quality improvement (CQI) on facility-based testing in the six highest-burden oblasts, where 77 percent of the PLHIV who do not know their status are located.
 - Supporting continued improvements to the policy environment to facilitate further acceleration of linkage to treatment.
- Ensure client-centered treatment and lifelong retention through:
 - Support for removal of remaining bottlenecks to accelerated ARV regimen optimization and full implementation of multi-month dispensation (MMD).
 - Refinement and expansion of continuous quality improvement (CQI) programs to ensure client-centered diagnosis and treatment services.
 - Launching of client-centered retention packages providing PLHIV with wrap-around services to address barriers to adherence.

PEPFAR Ukraine will concentrate resources on accelerating focused case-finding and linkage to find approximately 42,844 undiagnosed PLHIV. PEPFAR will focus on scaling methods that facilitate earlier identification of PLHIV, including index testing, social network testing, and improved provider-initiated testing and counseling (PITC). Case-finding programs will focus outreach on key population (KP) communities through expanded mobile testing as well as scaling of self-testing and multi-testing in response to KP demand.

PEPFAR-Ukraine continues to prioritize testing and linkage activities for people who inject drugs (PWID) and men who have sex with men (MSM) in collaboration with community and civil society

organizations. PEPFAR Ukraine will continue recency testing in COP 2020, targeting selected facilities in three high-burden regions where bio-behavioral survey (BBS) data shows high incidence among KPs. This testing will contribute to refined understanding of the changing shape of the epidemic among KPs and young people in particular; this testing will be used to inform planning for acceleration of ART uptake among these population groups.

PEPFAR Ukraine will build on COP 2019 progress in expanding ART coverage by supporting continued and intensified region-by-region CQI, working with CPH, WHO-supported treatment, testing, and laboratory mentors, and national and regional stakeholders to develop client-centered treatment, based on quarterly performance data and analysis of site-level results. Based on in-depth analysis of program data, PEPFAR Ukraine will increase the intensity and focus of retention activities and will launch tailored packages of client-centered retention services to address barriers to adherence and to provide psychosocial and other support for clients at risk of loss to follow up. To support multi-month dispensation (MMD) and regimen optimization, PEPFAR Ukraine will work with the GoU to ensure ARV procurements are timely, uninterrupted, and in line with WHO treatment recommendations.

Ukraine has achieved 95 percent viral load (VL) suppression rates in all but three of the 12 PEPFAR regions. To close remaining gaps, PEPFAR Ukraine will support a client-centered HIV lab network optimization strategy in COP 2020, focused on improving VL testing coverage and VL suppression in geographies that lack streamlined access to VL testing services.

PEPFAR Ukraine will continue close coordination with CPH and the Global Fund on prevention services. PEPFAR Ukraine will support continued scale-up of PrEP in COP 2020, with a focus on making pre-exposure prophylaxis (PrEP) available at all sites providing ARVs, working to remove legal barriers to PrEP availability in pharmacies, and building demand through communications campaigns targeting high-risk groups.

PEPFAR Ukraine has allocated funds to maximize impact in priority areas, including index testing, mobile case-finding for PWID, CQI activities, and new retention packages. The COP 2020 plan emphasizes financial sustainability while seeking out efficiencies at every stage of the process, including by focusing resources on rapidly completing health systems investments and relying on local partner expertise for efficient completion of key ART uptake communications campaigns. Sixty-eight percent of COP 2020 funding goes to indigenous organizations.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

Since 2014, Ukraine's conflict with Russia has significantly affected regions that have a high HIV burden. The Ukraine State Statistics Service estimates Ukraine's total population as 41.7 million as of January 2020. Ukraine's census data predates the Euromaidan protests and the ongoing war in the eastern Donbas region. Approximately 2.3 million people live in Russian-occupied Crimea and

another approximately 3 million in areas controlled by Russian-led forces in the Donbas region of eastern Ukraine. Over 1.4 million people from these regions are internally displaced.

Spectrum 2019 results – the latest currently available – are based on the official 2018 population estimate of 44 million (including Russia-occupied Crimea). However, due to emigration and other factors, many experts believe a more accurate estimate of Ukraine’s population may be 35-39 million. In addition, increasing numbers of Ukrainians work abroad, either permanently or temporarily. According to World Bank data, personal remittances from Ukrainians working in other countries nearly doubled from \$7.4 billion to \$14.8 billion between 2014 and 2018. Given this demographic context, PEPFAR Ukraine will use the Spectrum 2019 lower-bound estimate for the 12 PEPFAR-supported regions as a basis for COP 2020 epidemiological calculations and target setting. PEPFAR Ukraine will step up survey and research activity in COP 2019 and 2020 to improve knowledge of population and epidemiological data in Ukraine’s shifting demographic environment, with Bio-Behavioral Surveys planned for PWID, MSM, and female sex workers (FSW).

Spectrum 2019 lower-bound estimates indicate there are approximately 220,000 PLHIV in Ukraine (0.5 percent of the total population), with the majority of cases among men. An estimated 182,000 PLHIV live in Ukrainian government-controlled areas (GCA). Case-reporting data show 135,902 (74 percent) of PLHIV in GCAs knew their status and were registered at an AIDS Center as of January 2020. An estimated 46,900 PLHIV in GCAs remain unaware of their status or have not yet registered at an AIDS Center. Approximately 17 percent of total estimated PLHIV live in occupied Crimea or in non-government-controlled areas (NGCAs) of Luhansk/Donetsk. Ukraine’s HIV epidemic remains geographically concentrated within a belt of regions in the south and east. PEPFAR’s support to 12 high-burden regions or oblasts accounts for 66 percent of estimated PLHIV and 54 percent of the population.

In 2018, HIV accounted for an estimated 6,100 deaths (1 percent of all deaths in Ukraine in 2017) with tuberculosis (TB) causing approximately 53 percent of all officially reported AIDS-related deaths among PLHIV. Analysis of baseline CD4 levels among newly-registered PLHIV revealed an increasing trend of late presenters in care between 2016 and 2018. The proportion of PLHIV newly registered at AIDS centers with CD4 levels <200 rose from 31 percent in 2010 to 41 percent in 2018. The majority of late presenters are adult men and PLHIV identified via PITC. PLHIV with CD4>500 are more likely to be MSM, pregnant women, and younger age groups.

Ukraine continues to expand ART coverage: 87 percent of those who are registered at AIDS Centers within the 12 PEPFAR regions are now receiving treatment, and 83 percent of those registered in AIDS Centers nationwide are receiving treatment. Continued ambitious expansion of the ART program will require significant improvements in testing efficiency. PEPFAR Ukraine’s proposed COP 2020 testing strategy, which is described in detail in section 4.0, will build on COP 2018 and COP 2019 activities to expand and refine index testing, improve efficiencies to PITC, and scale-up social network testing, with a particular emphasis on expansion of mobile testing in PWID communities. PEPFAR Ukraine will continue to scale up PrEP availability to all at-risk groups and will work to build demand for PrEP through communications campaigns targeting at-risk groups.

Policy optimization and streamlining of the patient pathway has paved the way for major improvements in recent years in time to treatment initiation: the proportion of clients linked to treatment on the day of diagnosis more than doubled between 2016 and 2019, and 67 percent of clients were linked within a week (up from 29 percent in 2016). During FY 2019 and 2020, the GoU adopted the WHO Prevention and Treatment Guidelines and approved a new testing algorithm based on WHO guidance. In COP 2019 and 2020, PEPFAR Ukraine will support CPH in making further progress towards a maximally enabling policy environment, including in issuing or updating orders focused on ART optimization, scale-up of multi-month dispensation, and simplification of bureaucratic requirements for diagnosis, registration in treatment, and HIV certification for providers.

Table 2.1.1 Host Country Government Results

	Total		<15				15-24				25+				Source, Year
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total Population	41,983,564	100	3,142,971	7.5	3,338,008	8.0	1,959,458	4.7	2,075,663	4.9	17,425,863	41.5	14,041,601	33.4	2019, State Statistics of Ukraine, permanent population (excluding Crimea)
HIV Prevalence (%)		0.5		0.01		0.01		0.1		0.1		0.5		1.0	Spectrum, 2019, all Ukraine (including Crimea and NGCA)
AIDS Deaths (per year)	6,174 (4,759-8,043)														Spectrum, 2019, all Ukraine (including Crimea and NGCA)
# PLHIV	239,623 (223,228-258,197)		430		454		2,237		2,826		86,709		146,967		Spectrum, 2019, all Ukraine (including Crimea and NGCA)
Incidence Rate (per 1000)	0.29														Spectrum, 2019, all Ukraine (including Crimea and NGCA)
New Infections (Yr)	12,742 (10,105-26,999)														Spectrum, 2019, all Ukraine (including Crimea and NGCA)
Annual births	316,297														Annual MoH report form #21,2018 (excluding non-GoU controlled areas)
% of Pregnant Women with at least one ANC visit	314,499	99.4													Annual MoH report form #21,2018 (excluding non-GoU controlled areas)
Pregnant women needing ARVs	2,317	96.2													Annual MoH report form #63,2018 (excluding non-GoU controlled areas)
Orphans (maternal, paternal, double)	21,587														Ministry of Social Policy of Ukraine, as of 01/01/2018: https://www.msp.gov.ua/news/15560.html
Notified TB cases (Yr)	25,396		289		296		582		803		6645		16,781		e-TB Manager, 2019 (excluding non-GoU controlled areas)
% of TB cases that are HIV infected	5,789	22.8	19	6.6	19	6.4	43	7.4	35	4.3	1,939	29	3,734	22.2	e-TB Manager, 2019 (excluding non-GoU controlled areas)
% of Males Circumcised															
Estimated Population Size of MSM	179,400														Estimation of KPs population size, 2019
MSM HIV Prevalence		7.5													IBBS, 2017
Estimated Population Size of FSW	86,600														Estimation of KPs population size, 2019

Table 2.1.2 95-95-95 cascade: HIV diagnosis, treatment and viral suppression*

Epidemiologic Data				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year			
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	41,983,564	0.5	239,623 (223,228-258,197)	135,902*	113,962**	61% (based on SPECTRUM lower-bound estimate)	93%***	2,415,202	22,881****	10,614*****
Population <15 years	6,480,979	0.01	1,212							
Men 15-24 years	2,075,663	0.1	2,826							
Men 25+ years	14,041,601	1	146,967							
Women 15-24 years	1,959,458	0.1	2,237							
Women 25+ years	17,425,863	0.5	86,709							
MSM	179,400	7.5	13,455	7,972	6,255					
FSW	86,600	5.2	4,503	2,223	1,218					
PWID	350,300	22.6	79,167	45,115	29,737*****					
People in prisons	51,652	7.4	3,874							

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Figure 2.1.3 National and PEPFAR Trend for Individuals currently on Treatment

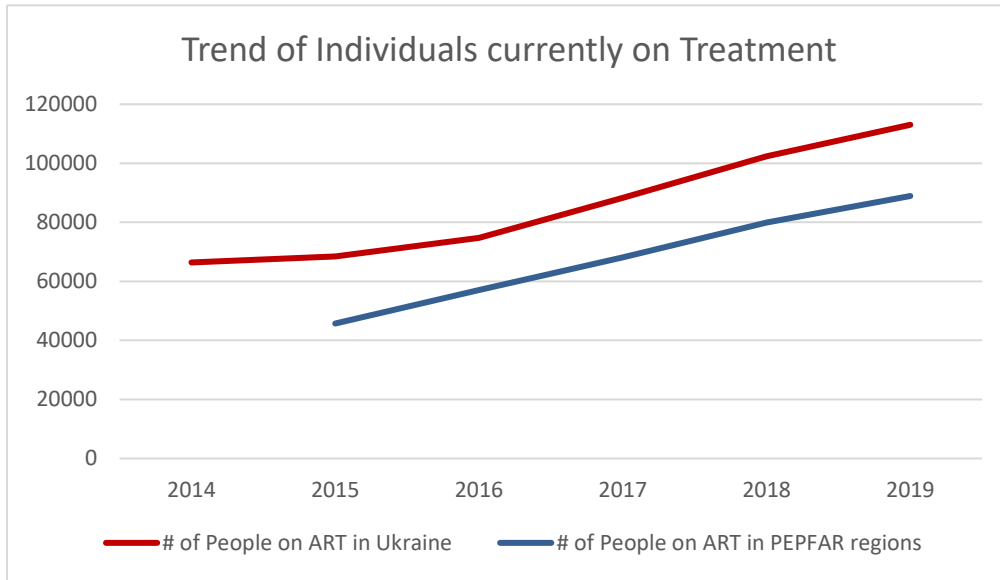


Figure 2.1.4 Trend of New Infections and All-Cause Mortality Among PLHIV

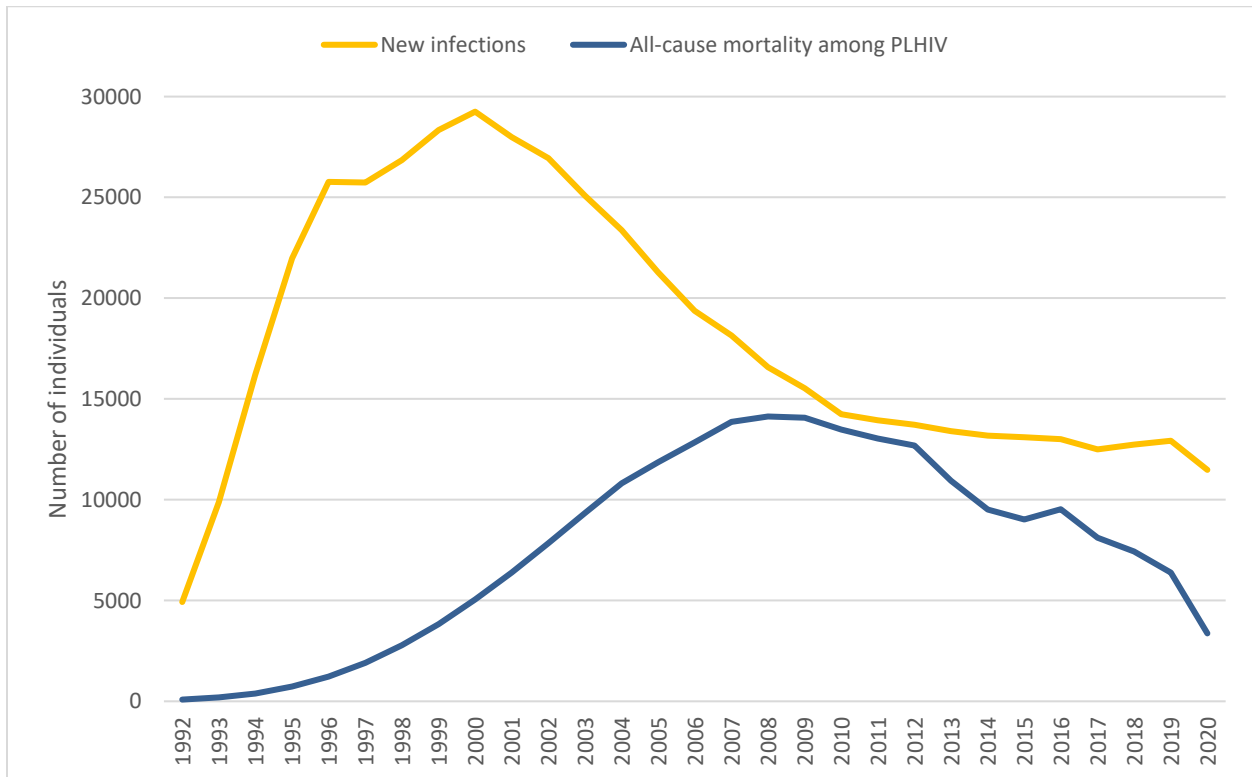


Figure 2.1.5 Progress retaining individuals in life-long ART in PEPFAR regions in FY19

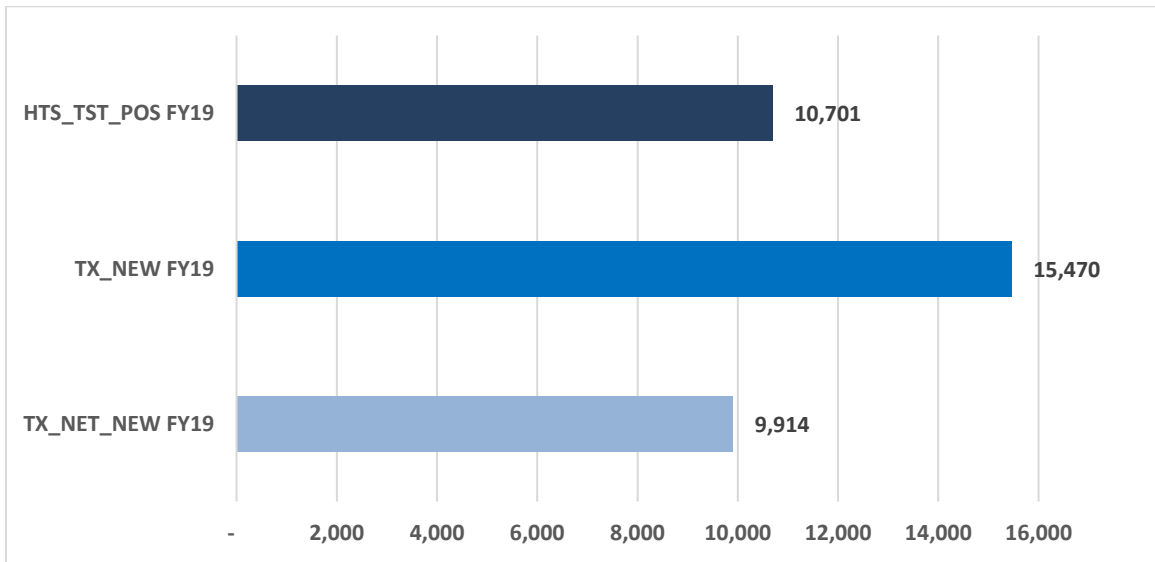
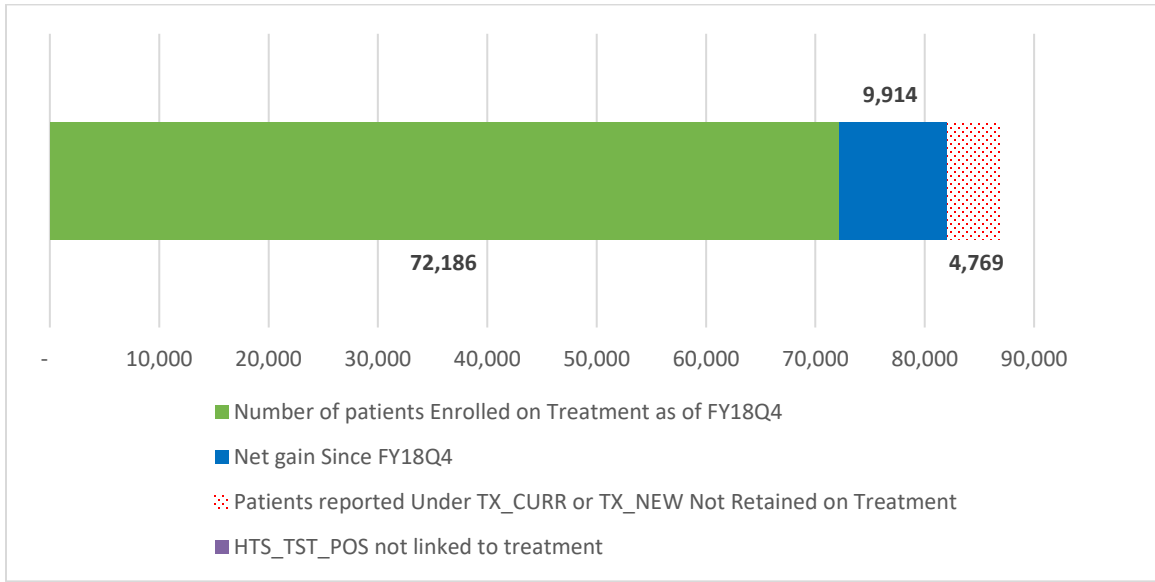


Figure 2.1.6 Proportion of clients lost from ART 2018 Q4 to 2019 Q4

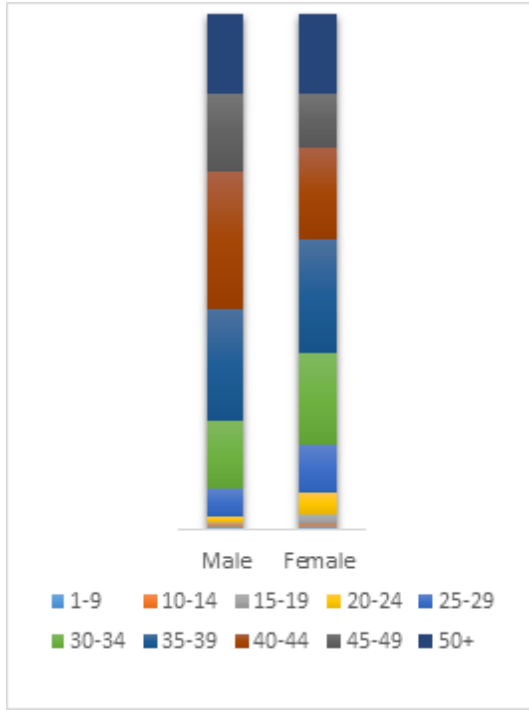


Figure 2.1.7 Epidemiologic Trends and Program Response for Ukraine

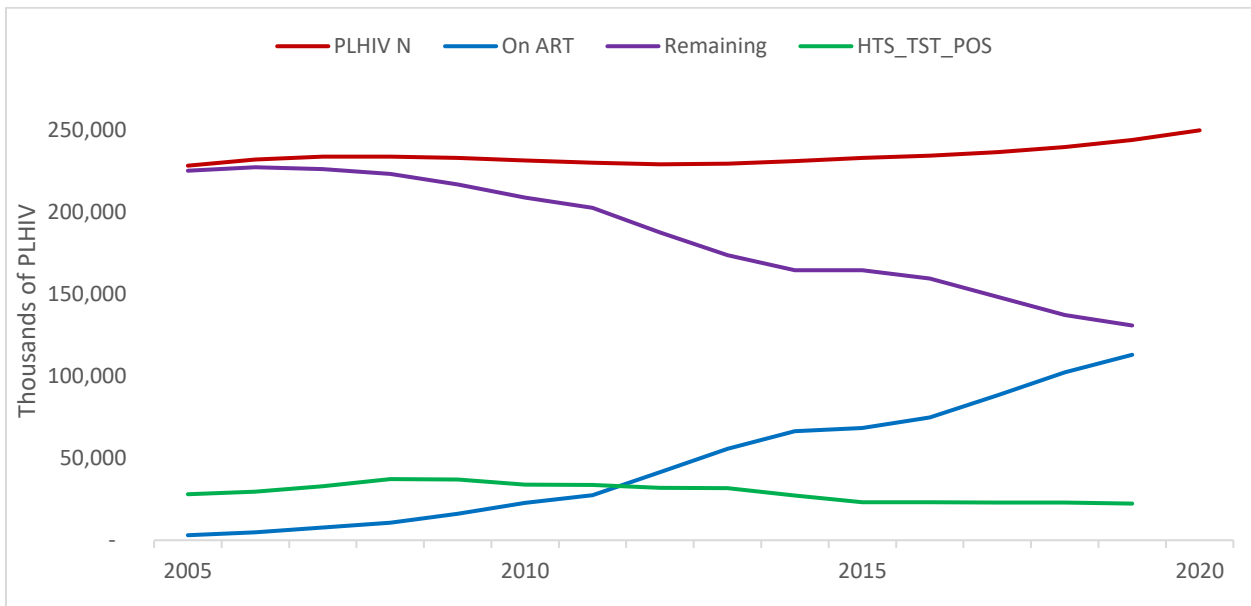
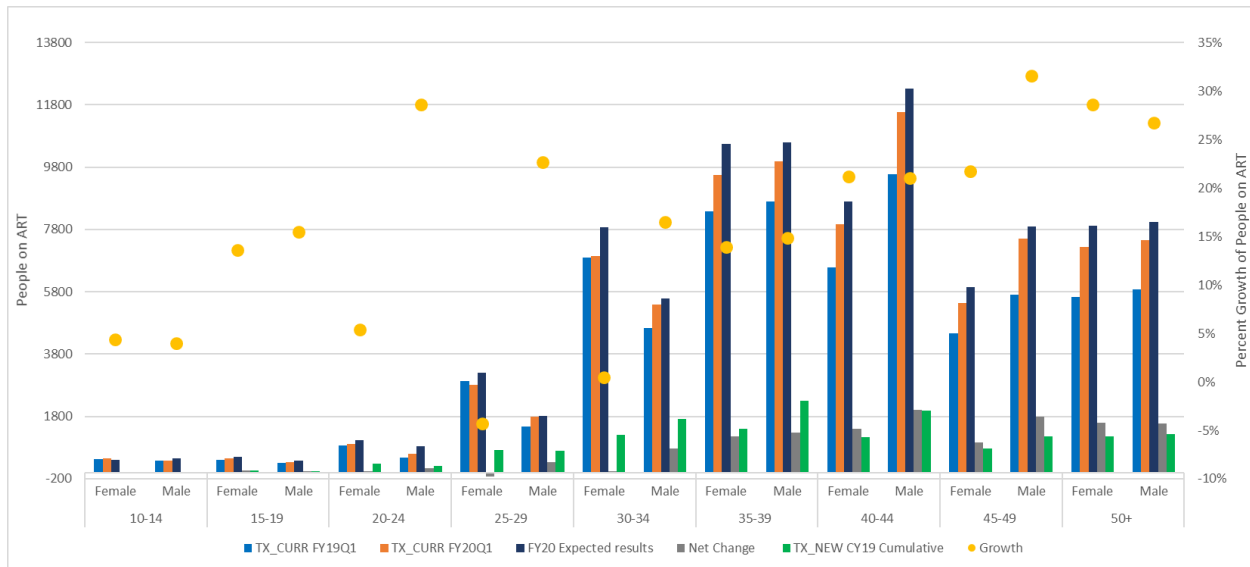


Figure 2.1.8 Net change in HIV treatment by sex and age bands 2019 Q1 to 2020 Q1

Ukraine Treatment Growth, FY19Q1 -FY20Q1, All PSNU.



Note: TX_CURR FY19Q1 Results do not include 468 people on ART due to absence of age disaggregation.

2.2 New Activities and Areas of Focus for COP 2020, Including Focus on Client Retention

PEPFAR Ukraine will introduce a series of activities in COP 2020 to support long-term retention of clients in treatment. PEPFAR Ukraine will develop and implement a system to track missed appointments for drug pickup and clinical monitoring for all PLHIV. The HIV MIS system will be modified to allow tracking of missed appointments, and PEPFAR Ukraine will support the development of a client mobile reminder app for self-management of upcoming appointments, as well as a tool for simplifying the return of VL testing results to the client. PEPFAR partners will identify individual(s) at each ART site to take up the responsibility of tracking and tracing missed appointments by generating a daily list of clients who missed an appointment three days prior, contacting all clients via phone and either ensuring each client is brought back to care or recommended for a home visit.

PEPFAR continues to support the GoU in the optimization of ART, predominantly DTG based regimens including TLD, by providing TA for supply chain forecasting and management to minimize drug shortages. In COP 2020, PEPFAR Ukraine will provide TA and training at the site level to ensure doctors are actively following the GoU/WHO policies on multi-month dispensing. In addition, care and treatment partners will introduce extended clinic hours (early morning, evening, and weekend) to decrease client wait time and create options to receive fast tracked ARV refills from a medical nurse.

Analysis of program data has demonstrated that working-age men and women are at particular risk of loss to follow up. In COP 2020, PEPFAR Ukraine will launch a client-centered retention package providing wrap-around services to address and mitigate barriers to the provision of life-long, client-centered care. This package will provide patient navigators to address linkage and treatment bottlenecks, as well as funds for transport (if needed) and psychosocial support. Patient navigators

will ensure all eligible clients have access to multi-month scripting and differentiated service delivery and will provide assistance with viral load monitoring and patient tracking

For PWID and other clients at particularly high-risk of loss to follow up, PEPFAR Ukraine will introduce an enhanced patient retention package, including longer-term psychosocial counseling based on specific barriers to adherence, regular phone calls and home visits, assistance navigating the healthcare system, treatment support, regular notification phone calls and home visits to prevent client's separation, legal support for identification, document recovery, and proactive referral to MAT.

For those clients who are in penal settings, PEPFAR Ukraine will support retention of clients on treatment during incarceration; assist with the transition to civil healthcare for soon-to-be released prisoners; and provide continued adherence support for newly-released HIV-positive individuals after they have transitioned into the civil sector.

2.3 Investment Profile

GF and PEPFAR remain the major contributors to Ukraine's HIV response. According to the most recent National AIDS Spending Assessment, conducted by CPH in 2016, the total expenditure on the HIV response was approximately \$223 million USD: GF contributed 49 percent, PEPFAR contributed 20 percent, and the GoU contributed 22 percent. In 2017 and 2018, the GoU significantly increased the state AIDS budget from \$12.5 million USD in 2016 to \$32 million annually in response to intensive advocacy efforts of CSOs and development partners to embrace the global commitment to achieve epidemic control. The 2020 state AIDS budget will again be approximately \$32 million.

The 2020 state budget allocates \$13,545,242 for procurement of ARVs; GF also provides support for ARV procurement. The GoU state AIDS budget also covers most of the laboratory commodities related to facility-based HTS, including HIV tests for pregnant women and blood donors. Local GoU budgets cover baby formula for PMTCT, staffing, and operational costs of health facilities. Concurrently, local governments in PEPFAR-focal regions have started to buy rapid test kits to provide increased PITC in their primary and specialized (TB, STI, drug abuse treatment) facilities and have begun contracting HIV linkage to care and support services from local NGOs.

The current 2018-2020 GF HIV-TB grant to Ukraine allocates around \$70 million for Ukraine's HIV program, including approximately \$4.6 million earmarked annually for Donetsk and Luhansk non-government controlled areas (NGCAs). The current grant also includes \$3.9 million for activities with high KP impact, \$2.3 million for tackling human rights barriers to health services, and \$2 million to support Resilient and Sustainable Systems for Health in data systems.

In FY 2020, the GoU took over responsibility for a significantly increased share of prevention services: the 2020 Ukraine state AIDS budget includes \$6,054,6478 for KP prevention services.

Table 2.3.1 Annual Investment Profile by Program Area

Source: MOH/Ukraine NASA 2016					
Program Area	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
Clinical care, treatment and support	\$58,765,330	7	66	23	n/a
Community-based care, treatment, and support	n/a	n/a	n/a	n/a	n/a
PMTCT	\$1,173,217	0	12	58	30
HTS	\$3,262,837	39	3	42	16
VMMC	n/a	n/a	n/a	n/a	n/a
Priority population prevention	n/a	n/a	n/a	n/a	n/a
AGYW Prevention	n/a	n/a	n/a	n/a	n/a
Key population prevention	\$11,204,498	16	66	3	n/a
OVC	\$980,094	0	0	84	16
Laboratory	\$5,693,692	15	50	30	5
SI, Surveys and Surveillance	\$1,565,762	69	12	3	16
HSS	859,557	0	3	43	54
Total (incl. commodities)	\$111,840,232	20	49	22	9

Table 2.3.2 Annual Procurement Profile for Key Commodities					
Source: MOH/Ukraine NASA 2016					
Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs	\$40,838,295	4	77	18	1
HIV test kits	\$1,561,442	5	6	69	20
Lab reagents (incl. CD4 and viral load)	\$5,031,080	17	58	22	3
Condoms	\$569,757	62	25	0	13
MAT	\$2,790,245	20	77	3	0
Total	\$50,790,819				

Table 2.3.3 Annual USG Non-PEPFAR Funded Investments and Integration

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Funding Source	Total USG Non-PEPFAR Resources	Non-PEPFAR Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution	Objectives
USAID TB	\$5,600,000				Tuberculosis
Total	\$5,600,000				

2.4 National Sustainability Profile Update

PEPFAR Ukraine and UNAIDS completed the Sustainability Index and Dashboard jointly with key national stakeholders (GoU, UNAIDS, GF, WHO, and international, national and regional CSOs) in August and September 2019.

SID Process: In August and September 2019, small groups of subject matter experts, including representatives from the USG, GoU, and multilateral organizations, began consultations on each of the four SID domains, creating a draft populated questionnaire ready for further discussion with a broader group of stakeholders. On September 17, 2019, PEPFAR Ukraine and UNAIDS jointly hosted a workshop for key national stakeholders to discuss and complete the SID questionnaire. Participants included the GoU, WHO, and national and regional CSOs. Participants broke into four domain subgroups to discuss each element of the questionnaire, then reconvened to discuss overall assessments and finalize the document. The final SID 2019 report for Ukraine was a result of the consensus reached at the stakeholders meeting.

Results of the SID exercise identified three main areas of strength and three key weaknesses, as follows:

Sustainability Strengths:

- **Civil Society Engagement (Score: 7.92):** Ukraine continues to incorporate robust civil society engagement in its HIV/AIDS response activities. Both major established NGOs and more nascent organizations are engaged in national and local policy dialogue and planning. Government ministries and institutions such as the CPH include civil society organizations in technical working groups and collaborate with civil society organizations on programs and services.
- **Public Access to Information (Score: 8.11):** Ukraine continues to provide publicly accessible epidemiologic, programmatic, and financial information related to the national HIV/AIDS response. The GoU makes HIV/AIDS surveillance and expenditure data, as well as some service delivery data, available to stakeholders and the general public in a timely fashion.
- **Service Delivery (Score: 7.06):** Service delivery was an area of significant improvement. National and sub-national entities have expanded their capacity to manage staffing and budget needs and use epidemiologic and program data, and the host government has made progress in formalizing national guidelines for HIV/AIDS services, though these

await final approval. Ukraine provides ART and lab services without external technical assistance.

Sustainability Vulnerabilities:

- **Human Resources for Health (Score: 4.94):** Although the GoU provides all or almost all of health-worker salaries and systematically maintains and collects health workforce data, healthcare worker salaries remain low and resources for monitoring and management are limited. Limited resources for the health workforce hampers retention of talent in the Ukrainian system. The GoU is implementing public health reforms, with support from USAID, which are expected to improve efficiencies and performance.
- **Quality Management (Score: 1.24):** There is no national HIV/AIDS related Quality Management/Quality Improvement strategy. While there is a robust system of HIV program performance data collection, reporting, and analysis, the lack of a National Action Plan at the time of the SID exercise meant there was no framework for systematic collection and analysis of performance data. The Cabinet approved the National Strategy for HIV, TB and Viral Hepatitis in late 2019. PEPFAR supports regional multidisciplinary teams (MDTs), which support continuous site-level quality improvement on treatment, testing, and M&E, and it will expand and refine these CQI activities, in partnership with CPH, in COP 2020.
- **Data for Decision-Making Ecosystem (Score: 3.00):** This new category revealed significant sustainability vulnerabilities. Most notably, the absence of up-to-date census data, particularly in the context of likely demographic change (including internal displacements driven by the conflict in the Donbas region and labor migration), make it difficult to produce accurate estimates of denominators for calculating HIV prevalence. There is not yet a national unique identifier system to track service delivery, although there are multiple systems (SYREX, Case++), which use unique codes. The GoU is considering conducting a census in 2020. PEPFAR Ukraine will work to mitigate the impact of data deficiencies by scaling up surveillance and research activities in COP 2020.

2.5 Alignment of PEPFAR investments geographically to disease burden

As noted in the maps below, PEPFAR directly funds the oblasts (districts) and areas of the country that have the highest HIV burden. For COP 2020, PEPFAR will continue to align investments with the regional and district-level disease burden and will complement GF's continued support to activities in non-government-controlled areas (NGCA).

Figure 2.5.1

*Donetsk region on the maps represents only GoU controlled territory.

Figure 2.5.1.1 Ukraine number of PLHIV in PEPFAR supported regions.



Figure 2.5.1.2 Ukraine percent treatment coverage in PEPFAR regions



Figure 2.5.1.3 Ukraine Viral load monitoring coverage



2.6 Stakeholder Engagement

PEPFAR Ukraine organized a joint COP 2020 consultation meeting with national stakeholders, international donors, and implementing partners—co-facilitated with the GoU, UNAIDS, and WHO—on January 27, 2020. The meeting brought together national and local stakeholders from different parts of the country, including GoU representatives, civil society representative, KP representatives, representatives of UN agencies and other multilateral organizations, and external donors. PEPFAR implementing partners gave presentations outlining their key achievements in COP 2018 and their implementation plans for COP 2019 and their strategic vision for COP 2020. Small-group discussions focused on improving case-finding, treatment, and retention outcomes for MSM and PWID, and on cross-cutting issues.

Participants in the stakeholders' workshop highlighted the need for more aggressive scale-up of medication-assisted treatment (MAT) for PWID and measures to improve client-centered access to MAT and support 100 percent linkage of HIV+ MAT clients to ART. PEPFAR Ukraine will focus resources on supporting accelerated MAT expansion and client-centered MAT in COP 2020. Participants also highlighted the need for increased outreach to the MSM community and underscored demand for multi-testing, which PEPFAR Ukraine will support in COP 2019 and COP 2020.

PEPFAR Ukraine staff also engaged with local civil society representatives in advance of the COP 2020 planning meetings to develop a framework of recommendations for community-led monitoring. PEPFAR Ukraine will support community-led monitoring in COP 2020 through the Small Grants Program.

In addition, PEPFAR Ukraine and GF held their first joint strategic planning workshop for key stakeholders in Kyiv September 30 to October 1, 2019, to address ways to broaden and develop PEPFAR/GF coordination on Ukraine's HIV response. Participants discussed coordinated actions to address key policy, capacity, and strategic information challenges, as well as to overcome prevention, diagnosis, and care and treatment bottlenecks. PEPFAR Ukraine continues to coordinate closely with GF, working jointly to accelerate policy optimization, collaborating on PrEP scale-up, and co-funding the Central Procurement Agency, HIV Medical Information Systems (MIS) development, and case-finding Rapid Deployment Mobile Teams.

3.0 Geographic and Population Prioritization

In COP 2020, PEPFAR Ukraine will be particularly focused on six regions with the highest number of PLHIV who do not know their status (Kyiv city, Dnipropetrovsk oblast, Odesa oblast, Donetsk oblast, Kyiv oblast, and Kirovohrad oblast). Technical assistance (TA) and CQI, particularly for facility-based case-finding, will be concentrated in these areas. In addition, PEPFAR Ukraine will continue to work in six medium-burden oblasts (Cherkasy, Poltava, Chernihiv, Zaporizhzhia, Mykolayiv, and Kherson) to accelerate ART uptake and improve client-centered care.

PEPFAR Ukraine’s focus on the GCA of Donetsk oblast complements GF-funded activities in NGCAs. The GCA of Donetsk has the fourth largest estimated number of PLHIV among PEPFAR scale-up oblasts. GoU HIV care delivery capacity continues to be severely impacted by the conflict as the major clinical and laboratory facilities were located in areas seized by Russian-supported forces (Donetsk oblast and city AIDS centers).

Table 3.1 Current Status of ART saturation

Table 3.1 Current Status of ART saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for COP20	# Current on ART (FY19)	# of SNU COP19 (FY20)	# of SNU COP20 (FY21)
Scale-up Aggressive	146,964 (100%)	86,473	12	12

4.0 Client Centered Program Activities for Epidemic Control

4.1 – 4.4 COP 2020 Programmatic Priorities for Epidemic Control

1.1 Finding the missing and getting them on treatment

The Spectrum PLHIV lower-bound estimate reflects that about 42,844 PLHIV were undiagnosed in PEPFAR regions, and it is estimated that of those 28,156 are PWID and 3,684 are MSM. Achieving epidemic control will require intensified efforts to identify PLHIV who currently do not know their status—particularly in hard-to-reach KP subgroups—and link them to treatment.

While the Modes of Transmission study data suggest prevalent cases appear to be linked to a history of injection use, the proportion attributable to sexual transmission in younger age groups (particularly among men) has increased and contributing risks for incident cases are less clear. PEPFAR Ukraine will use recency testing to investigate incidence risks in the highest-burden areas in COP 2020.

To enhance efforts to identify new PLHIV, PEPFAR will focus activities in COP 2020 on refining, refocusing, and using data to continually improve PITC and index testing yields while expanding successful engagement of PWID through innovative network-based approaches. PEPFAR Ukraine will also introduce and scale up new approaches in COP 2019 and COP 2020—including self-testing and multi-testing—based on feedback from local partners and key population groups.

With health reform and policy changes opening the door to further decentralization of testing and diagnosis within the Ukrainian healthcare system, PEPFAR Ukraine partners will engage intensively at hospitals and clinics across the 12 PEPFAR regions to optimize testing efficiency. In COP 2019 Q1, 22 percent of new positives were discovered in inpatient facilities and 23 percent in

outpatient facilities and prison medical facilities. The large proportion of cases discovered through facility-based testing underscores the need to improve facility-based testing practices so as to identify patients more efficiently and at early stages. Moreover, current estimates show that 77 percent of the undiagnosed PLHIV in Ukraine are located in the six high-burden regions mentioned as areas of particular focus in section 3.0: Kyiv city, Dnipropetrovsk oblast, Odesa oblast, Donetsk oblast, Kyiv oblast, and Kirovohrad oblast. PEPFAR Ukraine will intensify the focus of its case-finding TA and CQI support on these six regions, with the aim of optimizing testing practices – including use of risk screening tools – and closing the known status gap in these highest-burden regions.

Peace Corps PEPFAR will intensify support to case-finding programs in COP 2020, working in partnership with CDC and USAID as well as community stakeholders to support projects in volunteers' communities focused on improving testing efficiency. This work will include trainings for medical service providers on anti-stigma and motivational consultation, as well as outreach to KPs in volunteers' communities. Peace Corps volunteers (PCVs) will also support PWID outreach in partnership with the rapid-deployment mobile testing units in high-burden areas.

Oversight for site-level data review and related adjustments in programmatic activities will be provided by a PEPFAR/Ukraine Interagency task team dedicated to reviewing site-level data on a weekly basis and providing real-time guidance to the CPH, partners, civil society, and stakeholders.

KP Case-Finding

PWID

PEPFAR social network-based recruiting has proven successful in reaching increasing numbers of undiagnosed PWID, as demonstrated in FY 2019 and FY 2020 Q1, when social network testing partners found increasing numbers of new HIV-positive clients each quarter while achieving consistent yields of 5-6 percent. Case-finding partners have improved results by deploying artificial intelligence (AI) based on a continuously-refined algorithm to optimize case finding.

In FY 2019 Q4, PEPFAR Ukraine launched rapid deployment mobile units (RDMs): mobile teams that plot their routes based on data analysis and local knowledge of PWID communities and offer social network testing and linkage services to PWID clients in eight regions. These teams achieved 6-7 percent yields through social network testing in the community and achieved linkage rates over 95 percent.

In COP 2020, PEPFAR will strategically expand the RDM program, adding five more mobile teams to focus on geographic areas where data show large numbers of undiagnosed PWID, areas without other existing harm reduction programs, and remote locations with little infrastructure for HIV testing but high HIV burden.

MSM

There are an estimated 3,684 undiagnosed MSM in PEPFAR regions, at least 52 percent of whom live in Odesa and Donetsk oblasts. In response to demand from MSM and other KP groups, PEPFAR Ukraine is piloting oral self-test kit distribution in COP 2019 and will refine and expand this approach in COP 2020. Self-test kits will be available to clients who prefer to test at home, in MSM-oriented community NGOs or other safe spaces, and to facilitate index testing for clients who wish to bring home tests for use by their sexual (or needle-sharing) partners. Self-tests will be made available at community sites, as well as in strategically-located vending machines and in safe boxes available in-person or by mail.

MSM along with other KP clients have also signaled demand for multi-testing, noting that multi-test availability would help reach MSM clients who have a range of associated risk factors. PEPFAR Ukraine is piloting multi-testing in COP 2019 and will offer multi-tests to MSM and other clients in conjunction with HIV tests. MSM are particularly interested in hepatitis B (HBV), hepatitis C (HCV), and sexually-transmitted infection (STI) testing, while PWID express interest in HCV tests. (Note: For HCV testing, PEPFAR Ukraine has worked with CPH to ensure that HCV multi-tests will be offered in areas where the government has recently distributed free courses of HCV treatment).

In COP 2020, PEPFAR Ukraine will scale up intensified case-finding among MSM populations across the 12 PEPFAR regions. Interventions will include: (1) physical and virtual hot spot mapping (using geo-spatial mapping of MSM app use and mapping MSM venues including bars, saunas, and parks); (2) utilization of qualitative data to align case-finding efforts to physical and virtual hot spots; and (3) establishment of MSM-friendly clinical “one-stop shops” where STI screening, syphilis, and HCV rapid testing will be available alongside HIV testing (including PITC and index testing) and PrEP/nPEP. All newly-identified HIV-positive MSM will be linked to treatment services.

Prison Settings

In 2019 98 percent of people in prison settings in the 12 PEPFAR areas were tested for HIV, and 947 PLHIV were identified. In COP 2019, PEPFAR’s prison activity has institutionalized PITC, with routine HIV screening of detainees and prisoners upon entry, annually during incarceration, and upon release. In COP 2020 PEPFAR Ukraine will conduct the assessment of QA/QI of HIV rapid testing among penal health care workers in 12 PEPFAR regions to continuously support the PITC institutionalization in penal settings and ensure it is fully and consistently aligned with the WHO 5Cs. Also in COP 2019 index testing was scaled up to all prison settings and project probation centers in all 12 PEPFAR regions; this activity will continue in COP 2020 with a special focus on protecting clients' rights and providing index testing services in a voluntary, non-coercive manner.

All PLHIV will be linked to care and treatment in the civilian sector upon release and retained on ART. PEPFAR Ukraine will also ensure reengagement of lost to follow-up (LTFU) HIV patients to treatment in the penal and civil sector as well as retention in treatment for six months in both the penal and the civil sector.

By the beginning of COP 2019, HIV MIS was installed in 100 percent of penal settings in all 12 PEPFAR regions, and penal health care providers had started to enter data in the system. In COP 2020, PEPFAR Ukraine will ensure that HIV MIS is routinely used in penal settings in the 12 PEPFAR regions, ensuring high-quality data entry so that the quality of care in the prison sector can be better monitored in real time.

In order to support scale-up of case-finding in COP 2020, PEPFAR Ukraine's prison programming will extend beyond the penal sector through implementation of social network-based innovations with ex-prisoner PWID peer finders.

Index Testing:

PEPFAR Ukraine significantly scaled up index testing in FY 2019 and early FY 2020, and index testing is now offered to newly-diagnosed PLHIV at all PEPFAR-supported community sites where diagnostic services are available, in prison settings, and at a continually-increasing number of healthcare facilities. (Note: The majority of facilities that can dispense ART already provide index testing, and the number of primary healthcare facilities offering index testing services is increasing every quarter). Index testing is the most efficient testing modality in Ukraine, with a FY 2020 Q1 yield of 20.4 percent, and 90 percent linkage to ART. In COP 2020, PEPFAR Ukraine will further expand this modality to additional healthcare facilities, particularly at the primary level, and will offer index testing not only to newly-diagnosed PLHIV but also to clients already registered in care who have sexual and/or injecting partners and/or biological children at risk.

Index testing will be provided in accordance with the national SOP, adopted in 2018, which is based on PEPFAR and WHO guidance and is in alignment with the WHO 5Cs. This SOP places special focus on protecting clients' rights and providing index testing services in a voluntary, non-coercive manner.

Currently, Ukraine has safeguards in place to prevent adverse events that jeopardize index clients' and their partners' confidentiality and safety. All service providers are required to complete a specialized training course to be qualified for providing index testing services. The system in place includes a three-step informed consent mechanism whereby index testing is not done in the absence of explicit willingness of the HIV+ client to 1) initially accept a social worker's/case manager's services, 2) specifically accept index testing services, and 3) agree to provide partners' contacts. Every index client is free not only to accept or decline index testing but also to choose the preferred means of partner notification: client-initiated, provider-initiated or mixed. Screening for intimate partner violence is an inseparable part of the index testing algorithm. If

intimate partner violence (IPV) risk is identified, psychological and legal support is provided by both local implementing partners and third parties specializing in supporting domestic violence victims as appropriate.

Adverse effects monitoring is currently in place at various levels, including a national HIV/AIDS hotline, targeted monitoring of implementing sub-grantees by the primary implementing partners, and diversified feedback channels allowing clients to place complaints in case of any inappropriate practices by service providers. Clients are informed of these feedback channels as soon as they accept the services of a social worker or case manager.

In COP 2020, PEPFAR Ukraine will continue to monitor these safeguards closely and will further strengthen all mechanisms currently in place to ensure voluntary, non-coercive index testing provision both at facility and community levels. Implementing partners will introduce more rigorous monitoring systems, including focused *ad hoc* checks during site visits, client surveys, and "secret shopper" visits to identify potential adverse effects. Implementing partners will also work to enhance index testing efficiency by improving service providers' motivational interviewing skills and offering additional services such as self-testing, multi-testing, and PrEP to make index testing services more attractive for the clients.

PITC

PITC was not routinely practiced in most facilities except TB and AIDS centers before COP 2018; since then, PEPFAR Ukraine has supported PITC at hundreds of facilities across the 12 PEPFAR regions. PEPFAR Ukraine supported the roll-out of a new risk screening tool in COP 2019 as a way of improving identification of those who should be tested but would otherwise have been missed. Documented use of the risk screening tool has resulted in improved testing yields, and COP 2020 PITC activities will focus on ensuring correct and consistent use of this tool across hundreds of primary and secondary care facilities across the 12 PEPFAR oblasts.

4.2 Retaining clients on treatment and ensuring viral suppression

Ukraine has made significant progress on ART scale-up, with approximately 87 percent of PLHIV who are aware of their status on treatment – up from just 63 percent in FY 2018. In COP 2018, PEPFAR Ukraine initiated ART for 15,407 new patients in the 12 PEPFAR-supported regions. Ukraine has dramatically reduced the time to treatment initiation, with 47 percent of clients starting ART on the day of diagnosis and a further 20 percent starting within the first week. The number of new patients initiated on ART in PEPFAR-supported regions is markedly higher than the number of newly-diagnosed patients, which indicates that clients who were registered but not previously linked to treatment are now being enrolled on ART.

To further accelerate progress towards 95 percent ART coverage, PEPFAR Ukraine will support CPH in further developing the policy environment to optimize ART, scale up multi-month scripting, simplify patient registration, and simplify HIV certification for health care providers. PEPFAR Ukraine will continue productive collaboration with WHO to conduct advocacy and CQI

programming in all 12 PEPFAR regions, through regular roundtable workshops with regional health authorities, providers, and implementing partners addressing all aspects of the patient pathway. Other PEPFAR Ukraine implementing partners will take on responsibility for improving client-centered treatment in the six highest-volume oblasts, lead efforts to re-engage clients lost to follow up, and support continuous quality improvement programming.

All PEPFAR Ukraine partners showed increasing linkage rates in FY 2019. PEPFAR Ukraine will build on this progress by supporting further simplification of the testing algorithm to streamline and simplify the diagnostic process. Additional social workers and case managers will be provided to facilities to provide the social support needed to help clients rapidly enroll in ART and remain in treatment. Mobile testing services demonstrated particularly high linkage rates in COP 2019, and PEPFAR Ukraine will scale up support for these programs in COP 2020.

The GoU has taken responsibility to support ART treatment for all PLHIV. PEPFAR, in coordination with the WHO and GF, will continue to support Ukraine's ongoing transition to DTG-based regimens. The number of clients on DTG-based regimens has increased sharply, from 26,472 clients in February 2019 to 45,324 clients in January 2020. The number of clients on TLD regimens has also nearly doubled across the same period, and PEPFAR Ukraine, in coordination with WHO and GF, will continue to support accelerated transition to single-pill TLD regimens.

PEPFAR Ukraine launched a formal CQI program in COP 2018: this program, led by the CQI team within regional CPH-supported multi-disciplinary teams, focuses on developing quality patient-centered care, with particular focus on high-volume and high-yield sites, integrating the results of SIMS visits with input provided by WHO-supported treatment mentors and ITECH clinical advisors. In COP 2020, PEPFAR Ukraine will further refine this CQI program, institutionalizing the structure of regular roundtables with national and regional stakeholders and tailoring the program based on quarterly performance data.

In FY 2019, viral load testing coverage was 90 percent across the 12 PEPFAR oblasts, with 95 percent viral suppression. For activities to optimize the laboratory network to further improve viral load testing coverage, particularly in several oblasts with less than 90 percent coverage, please see section 4.6.

For a detailed description of new retention activities, please see section 2.2.

TB/HIV

TB/HIV continues to be a major cause of morbidity and mortality for PLHIV; however, due to success in identification of TB/HIV cases and routine initiation of these cases on ART, PEPFAR is no longer funding TB/HIV activities but will continue to monitor the TB/HIV situation through the USAID Global Health-funded TB program. HIV status is established for more than 95 percent of confirmed TB cases through HIV testing of those not already registered as HIV-positive, and symptomatic TB screening of HIV patients is routinely implemented. However, continued high mortality appears to be linked to late presentation, delayed initiation of ART, late TB diagnosis, and a high prevalence of MDR-TB. Most PEPFAR-supported regions now have joint TB/HIV roadmaps on improving TB/HIV case management, integration, and coordination of services, which are

approved by regional health administrations. A monitoring system for ART treatment among HIV/TB cases has been added to the HIV MIS system; the results from the regions supported by PEPFAR in FY 2019 indicate an 87 percent initiation rate of ART within 3 weeks from TB treatment initiation. Overall ART coverage among HIV/TB co-infected in the six PEPFAR regions where Challenge TB was active in FY 2019 was 93 percent. With PEPFAR technical assistance, Ukraine adopted an ambitious target to increase this to over 90 percent across 11 regions by the end of 2020.

Tuberculosis Preventive Treatment (TPT) with 6H is recommended for all newly-diagnosed PLHIV by national guidelines and was initiated for 61 percent of newly diagnosed PLHIV in 2018. PEPFAR will work to improve monitoring of TPT administration, completion and effectiveness (given the high background rate of MDR-TB) and will advocate for introduction of new TPT regimens as recommended by WHO guidelines on treatment of latent TB (e.g., 3HP).

4.3 Prevention, specifically detailing programs for priority programming:

a. Military

Due to a continuing war with Russia-supported “separatists” in eastern Ukraine, active-duty military personnel are classified as a higher-risk population. Approximately 40,000 soldiers are deployed to the Joint Forces Operation (JFO) zone every year. PEPFAR, through the Department of Defense (DoD)/Defense HIV/AIDS Program (DHAPP), will continue to implement a comprehensive HIV prevention program among service members. PEPFAR support includes standardized HIV prevention training for all military recruits/conscripts and support for demand creation for HIV testing, especially among those identified as higher risk.

DOD-supported activities in partnership with the Ministry of Defense (MOD) Military Medical Department (MMD) will target HIV education and prevention activities (including condom use, avoidance of syringe sharing, and disease control practices). DOD prevention activities will also include a series of trainings for the core military medical personnel (125 persons) that deal with infectious diseases, including HIV and TB.

PEPFAR Ukraine will focus in COP 2020 on significantly improving testing efficiency among military personnel, through: scaling up site visits and monitoring to ensure targeted use of PEPFAR-provided rapid test kits (RTKs) as part of a testing strategy focused on high-risk groups; training activities to ensure effective implementation of the risk screening tool rolled out in COP 2019; and enhanced technical assistance for monthly “health days” at large military bases and other significant testing opportunities. PEPFAR Ukraine will support relationship-building between the MOD and civil society to build knowledge of humanitarian and health issues and will support ongoing training of military medical staff on HTS and stigma and discrimination issues.

b. OVC

PEPFAR Ukraine remains committed to building sustainable systems to support OVC and their caregivers in Ukraine. During COP 2018, PEPFAR Ukraine achieved 120 percent of its target for OVC_SERV, providing 720 OVC and caregivers with psychosocial support and family strengthening activities in order to improve ART adherence and resilience. Through its extensive network of Peace Corps volunteers, PEPFAR Ukraine supports OVC through training activities for social workers, case managers, and peer leaders; building social support networks, including through in-person support groups and online and social media outreach; providing technical assistance to NGOs active in OVC support; strengthening networks of cooperation between social workers, pediatricians, and OVC; and providing support to OVC and their caregivers at national, regional and mini-camps.

PEPFAR Ukraine will step up its support for sustainability of OVC programming in COP 2020 by supporting the development of regional multi-disciplinary care teams focused on OVC issues. PCVs, in partnership with local NGOs, will organize roundtables for key community stakeholders, including clinical personnel, NGO representatives, local government officials, regional health authorities, and service beneficiaries. Stakeholders will establish the multi-disciplinary care teams, which will address key issues such as bi-directional referral protocols, case conferencing, shared confidentiality, and joint case identification.

c. PWID

Adequate availability of medication-assisted therapy (MAT) for PWID is essential for effective prevention and for supporting retention of PWID clients in lifelong care. Ukraine has been a regional leader in supporting MAT for PWID. In 2018 the government adopted a National MAT scale-up plan that envisioned provision of MAT to 23,647 patients by 2023; this plan would provide MAT coverage to approximately eight percent of the estimated total number of PWID in the country. In November 2019, the GoU issued a further, more ambitious, scale-up directive aimed at providing MAT to 44,600 patients by 2025, which would represent 15 percent coverage of the PWID population. PEPFAR Ukraine will advocate for prompt funding and implementation of this ambitious directive, with a focus on five priority regions in order to reach PWID communities most affected by HIV.

PEPFAR Ukraine will support removal of barriers to MAT access to allow for rapid enrollment (within 2 days) of eligible clients into MAT. Rapid linkage to ART for HIV-positive MAT clients will be prioritized, as well as programs to support retention of clients in MAT and client-centered MAT services. PEPFAR Ukraine will pilot two mobile MAT clinics in Dnipropetrovsk oblast – the region with the largest number of PWID. These mobile MAT clinics will provide MAT and integrated services for otherwise hard-to-reach populations. PEPFAR Ukraine will also support revision of guidelines for MAT patient pathways to align with international best practices on treatment of opioid dependency. Finally, PEPFAR Ukraine will plan a targeted MAT demand-creation campaign aimed at healthcare professionals, police officers, and pharmacists, to increase awareness of MAT and reduce stigma; in tandem with this demand-

creation campaign, PEPFAR Ukraine will work with these professionals to develop a streamlined referral process to MAT sites for PWID.

d. MSM

In COP 2020, PEPFAR Ukraine will expand PrEP access to 6000 clients and make PrEP available not only in larger AIDS Centers but also in smaller ART sites and eventually at pharmacies. PEPFAR Ukraine's initial PrEP rollout in COP 2018 focused heavily on MSM, and MSM will remain a key focus of continued PrEP scale-up (though PrEP will also be made available to all other high-risk groups, including PWID and serodiscordant couples). PEPFAR Ukraine will continue to bolster efforts to combat stigma and will support these efforts with a communications campaign focused on PrEP uptake and U=U.

4.5 Commodities

The GoU will continue to procure most of the national need for ARVs, RTKs, laboratory reagents, consumables, and TB program commodities, with an estimated budget of \$44 million. To complement this national investment, it is expected that Global Fund will continue supporting limited ARV procurements, RTKs, drugs for opportunistic infections, and laboratory reagents.

Given the level of investment and commitment from the government, PEPFAR provides limited funding for procurement of commodities. In COP 2020, PEPFAR will procure rapid test kits, rapid reactivity tests, ora-quick self tests, and hepatitis B, C, and syphilis tests to assist with case-finding in PEPFAR regions. PEPFAR Ukraine will procure PrEP to support scale-up to 6,000 total clients and will procure commodities to support BBS surveys of MSM and FSW in COP 2020, as well as commodities to support the rollout of LAM testing for TB.

In COP 2018 and 2019, PEPFAR Ukraine supported activities to strengthen forecasting, procurement, supply coordination, and logistics data management processes to ensure improved management of commodities. PEPFAR also continued support of the Central Procurement Agency (CPA), which has begun procurement of opportunistic infection drugs for GF and is expected to soon take responsibility for a portion of the GoU ARV procurement. In addition, PEPFAR Ukraine supported innovative procurement solutions, including launch of a logistics public private partnership in Odesa oblast, which conducted efficient and transparent ARV distribution.

In COP 2020, PEPFAR Ukraine will continue supporting CPH's procurement programming, including through technical assistance and secondment of staff, to support forecasting and stock-management functionality. PEPFAR will also continue support to CPA as it diversifies its procurement instruments and takes on responsibility for ARV procurement. PEPFAR will support policy optimization to improve access to ARVs (with an initial focus on PrEP) via pharmacies and in the private sector and will expand the scope of public private partnerships launched in COP 2019. PEPFAR will also continue multilateral coordination in support of ARV optimization.

4.6 Collaboration, Integration and Monitoring

The PEPFAR Ukraine team has leveraged a strong interagency working relationship to ensure coordination among USG agencies and their implementing partners, as well as with external stakeholders, including GF and its principal recipients, UNAIDS, and WHO. PEPFAR-Ukraine technical resources are shared across agencies with significant cross-agency input into design and development of workplans. In addition, technical capacity is shared with the GF and MOH, with USG-supported technical experts (both locally engaged staff and partner-supported experts) participating in the GF grant proposal development working groups and MOH technical working groups.

PEPFAR Ukraine has taken a holistic approach to monitoring and managing implementing partners to ensure fidelity to models and accelerated impact across the cascade. All PEPFAR agencies triangulate program and fiscal data to track partner progress and to flag issues with partner performance early. Partners who are struggling to meet program targets are provided intensive TA from PEPFAR Ukraine team members and HQ subject matter experts. Additionally, PEPFAR Ukraine has held several meetings over the past year for all partners working in a given program area to allow for sharing of best practices, support continued fidelity to proven models, and allow for brainstorming on innovations that could further improve progress towards 95-95-95. In cases where performance continues to lag, PEPFAR Ukraine reallocates resources across the implementing partner portfolio to ensure funding is aligned with performance. For additional partner management support, USAID has repurposed a health advisor staff position into a technical advisor position responsible for advising and monitoring all aspects of implementing partner performance across the cascade, with a particular focus on case-finding.

PEPFAR Ukraine will continue to improve quality and efficiencies of client-centered service delivery across the cascade by building on the CQI program developed for care and treatment. Alongside the treatment mentors, who play a pivotal role in guiding the CQI activities of the regional multi-disciplinary teams, PEPFAR Ukraine will introduce a team of testing mentors to provide site-level and regional TA and CQI for HTS, and laboratory mentors, who will strengthen the HIV laboratory workforce and HIV laboratory strategies, while supporting adaptation of laboratory policy to the changing healthcare landscape.

To support integration of laboratory activities across the cascade, PEPFAR Ukraine will conduct a gap analysis to identify bottlenecks that limit access and coverage of VL testing as a result of the implementation of health reform (expected April 2020). In addition, PEPFAR will use the existing laboratory structure to support the expanded implementation of the WHO testing algorithm including rapid tests for HIV diagnosis. The SPI-point of care tool will be widely implemented to ensure continuous quality improvement at all testing sites. PEPFAR will support the development of a pre-service training program revision to enhance the skills of the laboratory and testing staff at the central and regional laboratories and the cadre of personnel qualified to perform rapid tests.

PEPFAR will support community-led monitoring of treatment services through a newly-established Small Grants program managed by the PEPFAR Coordination Office.

4.7 Targets by population

Table 4.7.1 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	Total PLHIV	Expected current on ART (APR FY20)	Additional patients required for 80% ART coverage	Target current on ART (APR FY21) TX_CURR	Newly initiated (APR FY21) TX_NEW	ART Coverage (APR 21)
Scale-Up Aggressive	146,964	94,995	22,576	113,776	21,099	77%

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	Population Size Estimate (SNUs) and disease burden	Coverage Goal (in FY21)	FY21 Target
PWID, KP_PREV	221,000	45%	99,051
MSM, KP_PREV	106,300	15%	15,519
People in prisons and other settings, KP_PREV	30,555	32%	9,658
TOTAL	357,855	35%	124,228

Table 4.7.4 Targets for OVC and Linkages to HIV Services			
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY21Target) OVC_SERV	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY21 Target) OVC*
Cherkasy	n/a	73	27
Chernihiv	n/a	71	24
Dnipropetrovsk	n/a	160	79
Kherson	n/a	30	18
Kirovohrad	n/a	37	12
Kyiv city	n/a	52	12
Kyiv oblast	n/a	19	50
Myokolayiv	n/a	55	24
Odesa	n/a	142	39
Poltava	n/a	55	1

TOTAL	n/a	694	286
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5.0 Program Support Necessary to Achieve Sustained Epidemic Control

Ukraine's COP 2020 above-site investments amount to \$7,233,000, representing 19 percent of the total planned allocation. Five key system barriers represent the focus of above-site activities: (1) Commodity Insecurity; (2) Detection, linkage, and retention of KPs; (3) New and efficient service delivery models; (4) Test and Start; and (5) Other system investments. These priority activities complement major ongoing health systems (financing, eHealth, procurement) reforms in Ukraine and reflect strong stakeholder consensus.

1) Health commodities insecurity has improved significantly since the GoU has stepped up its commitment to fund ARV procurement out of the state budget. In COP 2020 the GoU is not requesting PEPFAR support for ARVs due to government commitment and cost efficiencies achieved from better ART regimens. PEPFAR Ukraine will assist with the procurement of PrEP commodities to ensure ambitious PrEP_Curr targets of 6,000 for COP 2020 are met.

The GOU has requested technical assistance to build programmatic and managerial capacities for health procurement and supply chain. In COP 2020, PEPFAR Ukraine will continue technical assistance the MOH's Central Procurement Agency (CPA) and the regions, in order to: secure transparent, efficient, and cost-effective procurement of ARVs, MAT, and testing commodities; ensure successful transition of HIV/TB commodity procurements from international organizations to the CPA; and foster CPA interactions with sub-national procurement entities. In addition, technical assistance will be provided to expand public-private partnership to improve the supply chain, and to develop an end-to-end Logistics Information System (E2E LMIS) that will serve as a harmonization mechanism to connect different areas for effective supply chain management.

PEPFAR Ukraine will also support optimization of health care costs, including the cost of HIV, OI, TB and Hepatitis C medicines, with more and better quality generic drugs using modern health reforms policy mechanisms, such as " Health Technology Assessment and central and regional procurements by CPA and regional health care facilities.

Finally, PEPFAR Ukraine will partner with nine local NGOs to assist with supply chain management in prison settings.

2) Detection, linkage, and retention of KPs

PEPFAR Ukraine continues to increase efficiency and targeted testing by working collaboratively with the GoU to continue to expand standard outreach in detection and linkage of PWID and MSM. COP 2020 will focus on continued support of tailored PITC approaches in health care facilities, continued expansion of index testing at both community and facility level, including in

all penal settings in the 12 PEPFAR regions, and expanded KP social network recruitment to find PLHIV and link ART or provide PrEP for high risk HIV negative clients. Special focus will be made on protecting clients' rights and providing index testing services in a voluntary, non-coercive manner. In COP 2020 PEPFAR Ukraine will continue to advocate for ART scale up, ART optimization, MMD and TPT.

The GoU has adopted innovative service delivery models including differentiated services and dispensing 3-6 month supplies of ART. PEPFAR/Ukraine will continue to support the GoU in educating providers on these revised policies by conducting round tables with regional health authorities to eliminate barriers for ART optimization, MMD and TPT. PEPFAR will also support the development of a training curricula on ART optimization, HIV advanced disease management and CNS/OI management. The development of improved adherence activities as part of the comprehensive retention package will improve adherence and decrease loss to follow-up. Also, in COP 2020 PEPFAR Ukraine will implement a communication strategy in 12 PEPFAR regions to increase demand for HIV testing and treatment services among KP and PLHIV with a focus on U=U and PrEP.

PEPFAR Ukraine has been expanding services in penal settings as part of COP 2019. In COP 2020, PEPFAR Ukraine will ensure that HIV MIS is routinely used in penal settings in 12 PEPFAR regions. Ensuring high quality data entry and reporting will facilitate better real-time monitoring of the quality of care.

PEPFAR Ukraine will also address demographic data gaps by developing regional geographically-specific KP profiles through the triangulation of programmatic and epidemiologic data including the BBS for MSW and FSW and surveillance information. PEPFAR will conduct CQI for laboratories performing HIV testing adopted as a routine practice and for the accreditation for leading laboratories (Kyiv city, Kryvyi Rig, Cherkasy)

3) New and efficient service delivery models

PEPFAR will support further revision of the national testing algorithm to align with the newest WHO guidelines officially adopted in Ukraine. PEPFAR Ukraine will continue to support the approval of the formal policy that recommends MMD (6-12 months) and is in line with WHO and PEPFAR guidelines. To support implementation, PEPFAR will conduct monitoring visits to ART sites and ongoing mentoring with physicians. PEPFAR will also provide support to the CPA to ensure that all national and regional procurements are transparent, efficient, cost-effective and in line with ART optimization and MMD.

4) Test and start

With PEPFAR support, the CPH has developed an ART optimization strategy including test and start and is working with the regions to build their requests for state-funded ART procurements around optimized ART regimens. Ukraine will need continued support in implementation of the WHO HIV Comprehensive Treatment Guidelines. CDC will work with partners to develop

regional patient pathways, based on WHO recommendations for improvement of linkage to ART and same day ART initiation. To develop tailored plans, PEPFAR partners will conduct a regional level gap analysis and local remediation plans to improve patient-centered care.

5) Other system investments

PEPFAR will invest in other critical systems which pose major obstacles for Ukraine's success in meeting the ambitious COP 2020 targets. PEPFAR will support HIV MIS integration with other digitized healthcare platforms. Development and implementation of new modules and functionalities in HIV MIS will be sustained to enable its interoperability with other disease specific electronic systems.

Healthcare providers will be taught to analyze HIV MIS depersonalized data for decision-making. To streamline reporting, PEPFAR Ukraine will provide support to HIV MIS to replace paper-based reporting with electronic reporting and to improve reporting quality. DQA will be expanded to ensure good quality of all important social and demographic variables in HIV MIS. PEPFAR will work to ensure HIV MIS interoperability with laboratory information system (LIS) and its sustainability. HIV MIS will be transferred to the GoU ownership and official policies on HIV MIS use will be developed and adopted.

PEPFAR Ukraine will support development of a plan to improve mortality surveillance as well as plans for the development of HIV incidence and case-based surveillance systems.

Ukraine's Table 6-E tab and SRE-Tool E are attached to Appendix C.

6.0 USG Operations and Staffing Plan to Achieve Stated Goals

In COP 2020, PEPFAR Ukraine reduced its Cost of Doing Business Budget (CODB) by 6 percent and has redirected resources to PEPFAR-funded implementing partners to intensify case-finding and linkage to ART activities.

No significant staff changes are planned during COP 2020. The arrival of a PEPFAR Coordinator in FY 2019 relieved the pressure on agency leads, who were previously jointly managing all interagency processes.

Two CDC positions were repurposed during FY 2020 to meet the programmatic needs of COP 2020: a KP Specialist (focused on testing, linkage, and retention), and an HIV Prevention Specialist (focused on PWID prevention). With broader health reform efforts covered by USAID's anti-corruption and governance programs, USAID has repurposed a Health Reform Specialist PSC into an HIV/AIDS Technical Adviser PSC to focus on case-finding priorities. For similar reasons,

USAID has also transferred a Senior Program Management Specialist to non-PEPFAR funding. As PEPFAR interventions across the cascade continue to be supported by Peace Corps Volunteers, Peace Corps PEPFAR hired one new KP Specialist in FY 2019, which helped Peace Corps expand from its focus on OVC to a broader focus on other vulnerable groups. Since the Peace Corps PEPFAR program in Ukraine is continuing to expanding both OVC and KP-related projects, there is a need for additional Technical Support Coordinator in COP 2020. Thus, one new PC PEPFAR-funded position is expected to be added in COP 2020 to align with PEPFAR program priorities.

PEPFAR staff will participate in their regular SIMS visits per the approved SIMS plan for COP 2020. PEPFAR staff together with PEPFAR-funded implementing partners will monitor site level program requirements for linkage, retention, and client centered services. The Peace Corps program will intensify its focus on expanding outreach to PWID, HIV testing and ART-demand creation, KPIF, local trainings for medical personnel on index testing, anti-stigma, and motivational interviewing. In relation to work with MSM, the Peace Corps program will focus on continued support for MSM communities; increased outreach, testing, Prep and ART-demand creation through such activities as leadership academies; social media communication strategy development, trainings for friendly doctors, and roundtables with community stakeholders.

APPENDIX A -- PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control

Table A.1

SNU	COP	Prioritization	Results	Treatment Coverage at APR by Age and Sex																								Overall TX Coverage
				<1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		
				F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Cherkasy	COP17	Scale-Up: Aggressive	APR18	0%	0%	100%	69%	100%	67%	100%	100%	100%	93%	90%	20%	65%	20%	72%	30%	67%	47%	54%	45%	60%	45%	47%	20%	46%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	25%	33%	100%	57%	100%	100%	100%	100%	100%	23%	64%	21%	70%	29%	73%	52%	67%	55%	73%	53%	59%	26%	52%
	COP19	Scale-Up: Aggressive	FY20Q1	0%	0%	25%	33%	100%	57%	100%	100%	100%	100%	100%	24%	61%	25%	70%	34%	74%	55%	74%	61%	78%	57%	62%	31%	56%
Chernihiv	COP17	Scale-Up: Aggressive	APR18	60%	40%	99%	59%	85%	57%	100%	100%	57%	50%	56%	11%	39%	19%	52%	26%	47%	56%	41%	46%	46%	46%	29%	22%	41%
	COP18	Scale-Up: Aggressive	APR19	100%	0%	25%	0%	100%	93%	100%	100%	100%	67%	65%	12%	45%	19%	53%	27%	59%	65%	51%	67%	57%	50%	43%	32%	50%
	COP19	Scale-Up: Aggressive	FY20Q1	100%	0%	25%	11%	100%	86%	100%	100%	93%	67%	61%	14%	45%	20%	55%	29%	62%	66%	54%	74%	64%	56%	48%	33%	53%
Dnipropetrovsk	COP17	Scale-Up: Aggressive	APR18	43%	25%	89%	55%	82%	51%	100%	100%	100%	100%	47%	16%	37%	14%	40%	22%	48%	33%	58%	44%	64%	44%	71%	38%	42%
	COP18	Scale-Up: Aggressive	APR19	43%	38%	53%	56%	86%	70%	100%	100%	100%	100%	51%	22%	37%	15%	43%	26%	54%	37%	64%	52%	81%	55%	90%	48%	49%
	COP19	Scale-Up: Aggressive	FY20Q1	57%	50%	51%	60%	81%	72%	100%	100%	100%	100%	49%	26%	38%	19%	44%	29%	57%	42%	68%	57%	84%	61%	96%	51%	53%
Donetsk	COP17	Scale-Up: Aggressive	APR18	100%	77%	100%	97%	100%	87%	100%	100%	100%	100%	49%	30%	52%	29%	47%	39%	60%	59%	59%	95%	66%	96%	48%	45%	59%
	COP18	Scale-Up: Aggressive	APR19	67%	68%	100%	52%	100%	80%	100%	100%	100%	100%	55%	34%	38%	30%	54%	43%	62%	66%	69%	93%	76%	100%	67%	63%	65%
	COP19	Scale-Up: Aggressive	FY20Q1	67%	0%	75%	52%	100%	77%	100%	100%	100%	100%	54%	39%	36%	32%	54%	48%	63%	70%	72%	97%	78%	100%	70%	67%	68%
Kherson	COP17	Scale-Up: Aggressive	APR18	100%	80%	100%	100%	100%	90%	100%	100%	100%	100%	49%	28%	52%	26%	47%	35%	60%	53%	59%	86%	66%	87%	48%	41%	57%
	COP18	Scale-Up: Aggressive	APR19	100%	100%	100%	57%	100%	100%	100%	100%	100%	51%	33%	47%	27%	53%	40%	66%	57%	78%	100%	81%	93%	62%	54%	66%	
	COP19	Scale-Up: Aggressive	FY20Q1	100%	100%	100%	57%	100%	100%	100%	100%	100%	63%	53%	47%	41%	53%	50%	66%	68%	79%	100%	87%	100%	65%	61%	72%	
Kirovohrad	COP17	Scale-Up: Aggressive	APR18	0%	0%	100%	100%	100%	100%	100%	100%	79%	89%	63%	16%	41%	26%	40%	37%	35%	46%	26%	37%	30%	37%	25%	26%	36%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	100%	71%	100%	100%	100%	100%	93%	100%	44%	23%	43%	26%	40%	41%	46%	53%	35%	57%	36%	46%	36%	35%	44%
	COP19	Scale-Up: Aggressive	FY20Q1	0%	0%	100%	86%	100%	100%	100%	100%	100%	100%	53%	26%	43%	37%	41%	48%	48%	63%	41%	66%	40%	50%	36%	39%	48%
Kyiv city	COP17	Scale-Up: Aggressive	APR18	15%	10%	67%	41%	63%	40%	100%	100%	54%	68%	35%	88%	36%	40%	58%	42%	64%	68%	42%	53%	47%	53%	30%	25%	49%
	COP18	Scale-Up: Aggressive	APR19	0%	25%	36%	37%	60%	36%	100%	100%	81%	83%	49%	94%	34%	46%	53%	44%	74%	68%	58%	77%	55%	52%	38%	31%	55%
	COP19	Scale-Up: Aggressive	FY20Q1	25%	25%	36%	22%	53%	43%	100%	100%	86%	88%	47%	96%	34%	48%	53%	45%	76%	70%	62%	82%	58%	57%	43%	34%	58%
Kyiv oblast	COP17	Scale-Up: Aggressive	APR18	90%	60%	100%	93%	100%	85%	89%	100%	100%	100%	74%	37%	53%	29%	54%	43%	49%	64%	33%	50%	37%	51%	30%	21%	46%
	COP18	Scale-Up: Aggressive	APR19	50%	100%	100%	43%	100%	100%	100%	100%	100%	58%	35%	45%	24%	53%	42%	57%	69%	45%	71%	45%	49%	38%	30%	51%	
	COP19	Scale-Up: Aggressive	FY20Q1	50%	50%	100%	50%	100%	100%	100%	100%	100%	62%	35%	44%	27%	54%	45%	59%	74%	49%	76%	47%	54%	41%	31%	54%	
Mykolayiv	COP17	Scale-Up: Aggressive	APR18	60%	40%	100%	86%	100%	78%	100%	100%	100%	65%	30%	46%	16%	55%	25%	65%	48%	75%	80%	84%	80%	74%	50%	59%	
	COP18	Scale-Up: Aggressive	APR19	0%	0%	85%	50%	100%	100%	100%	100%	100%	68%	27%	41%	18%	52%	23%	70%	47%	84%	82%	97%	94%	92%	58%	64%	
	COP19	Scale-Up: Aggressive	FY20Q1	100%	50%	77%	57%	100%	100%	100%	100%	100%	66%	38%	40%	20%	54%	28%	73%	50%	86%	89%	100%	100%	97%	61%	67%	
Odesa	COP17	Scale-Up: Aggressive	APR18	100%	100%	100%	89%	100%	83%	100%	100%	100%	79%	87%	35%	60%	29%	54%	27%	59%	35%	64%	52%	71%	52%	80%	45%	52%
	COP18	Scale-Up: Aggressive	APR19	20%	60%	97%	76%	100%	87%	100%	100%	100%	86%	50%	54%	32%	55%	31%	70%	40%	76%	56%	96%	67%	97%	51%	59%	
	COP19	Scale-Up: Aggressive	FY20Q1	20%	60%	87%	88%	96%	96%	100%	100%	100%	98%	54%	57%	36%	57%	35%	74%	46%	82%	61%	100%	75%	100%	56%	64%	
Poltava	COP17	Scale-Up: Aggressive	APR18	60%	40%	100%	69%	94%	62%	100%	78%	100%	100%	66%	19%	49%	19%	59%	28%	65%	51%	61%	65%	68%	65%	48%	34%	52%
	COP18	Scale-Up: Aggressive	APR19	100%	0%	67%	100%	50%	100%	100%	100%	100%	68%	21%	49%	23%	57%	28%	76%	54%	75%	80%	92%	73%	65%	46%	60%	
	COP19	Scale-Up: Aggressive	FY20Q1	100%	0%	67%	100%	50%	100%	100%	100%	100%	75%	21%	52%	26%	61%	32%	80%	57%	82%	86%	100%	80%	70%	48%	65%	
Zaporizhzhia	COP17	Scale-Up: Aggressive	APR18	60%	40%	100%	59%	85%	57%	100%	100%	100%	62%	49%	46%	42%	58%	60%	53%	85%	60%	100%	67%	100%	52%	63%	67%	
	COP18	Scale-Up: Aggressive	APR19	0%	100%	100%	29%	64%	55%	100%	100%	93%	100%	67%	71%	48%	43%	56%	64%	66%	85%	74%	100%	79%	100%	66%	77%	76%
	COP19	Scale-Up: Aggressive	FY20Q1	0%	0%	100%	29%	82%	55%	100%	100%	100%	100%	59%	83%	47%	58%	55%	72%	68%	95%	77%	100%	81%	100%	69%	84%	81%

APPENDIX B – Budget Profile and Resource Projections

1. COP20 Planned Spending in alignment with planning level letter guidance

Table B.1.1 COP20 Budget by Program Area

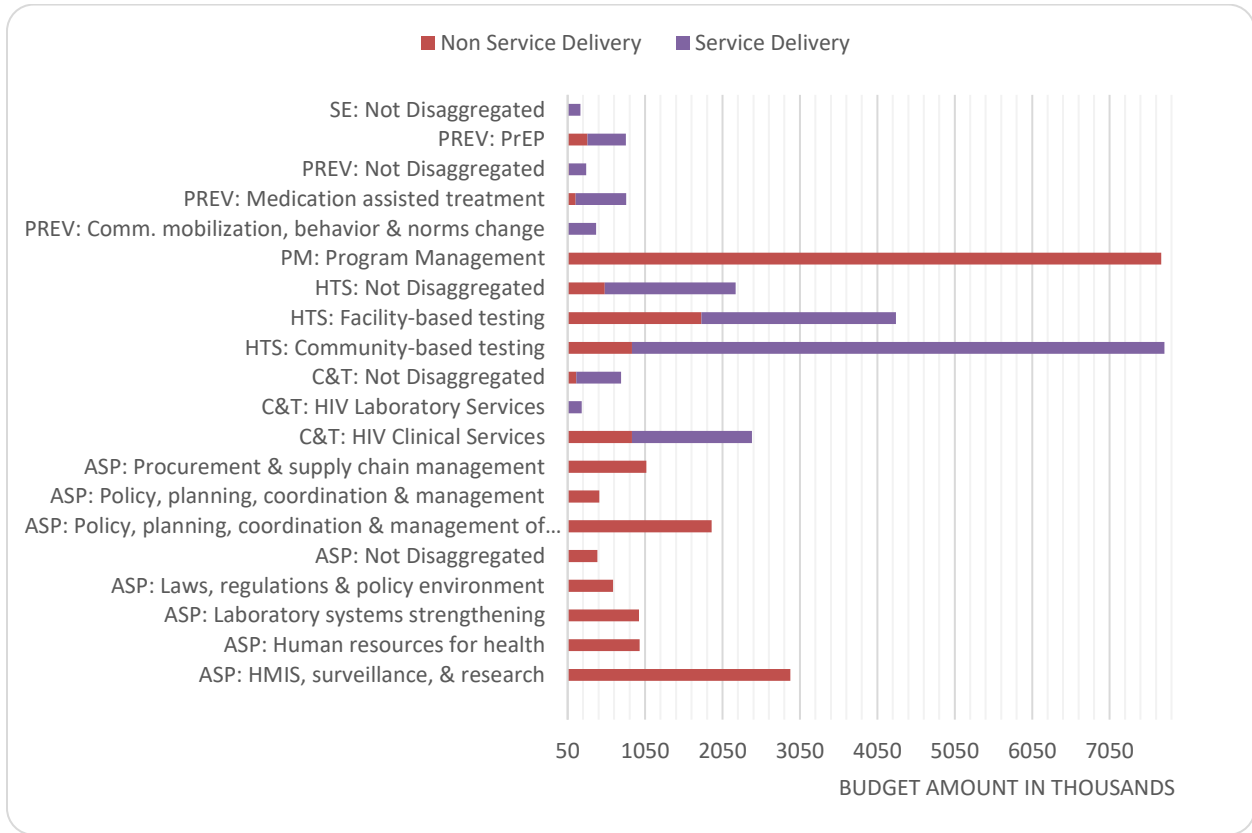


Table B.1.2 COP20 Total Planning Level

Table B.1.2 COP20 Total Planning Level		
Applied Pipeline	New Funding	Total Spend
\$6,212,969	\$31,091,004	\$37,303,973

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)		
PEPFAR Budget Code	Budget Code Description	Amount Allocated
MTCT	Mother to Child Transmission	-
HVAB/Y	Abstinence/Be Faithful Prevention/Youth	-
HVOP	Other Sexual Prevention	\$ 941,052
IDUP	Injecting and Non-Injecting Drug Use	\$ 1,054,535
HMBL	Blood Safety	-

HMIN	Injection Safety	-
CIRC	Male Circumcision	-
HVCT	Counseling and Testing	\$ 13,617,158
HBHC	Adult Care and Support	\$ 54,000
PDCS	Pediatric Care and Support	-
HKID	Orphans and Vulnerable Children	\$ 216,000
HTXS	Adult Treatment	\$ 3,565,443
HTXD	ARV Drugs	-
PDTX	Pediatric Treatment	-
HVTB	TB/HIV Care	-
HLAB	Lab	\$ 1,125,083
HVSI	Strategic Information	\$ 3,025,648
OHSS	Health Systems Strengthening	\$ 6,444,184
HVMS	Management and Operations	\$ 1,047,899
TOTAL		\$ 31,091,002

B.2 Resource Projections

The great majority of programmatic resources are allocated to case-finding, with a focus on accelerating progress on the first 95 to facilitate rapid ART scale-up. The second largest amount is allocated to the Health System Strengthening above site activities, as one of the key priorities of PEPFAR program is to ensure that Ukraine Health System supports the sustainability of the HIV response in Ukraine. The third largest share is allocated to support patient-centered treatment and retention activities: the fact that the GoU has primary responsibility for treatment costs and ARV procurement means that PEPFAR investment in this area is directed primarily at quality improvement and client support.

APPENDIX C – Tables and Systems Investments for Section 6.o

The Table 6-E tab and SRE Tool-E tab of the Table 6 and SRE Excel workbook should be saved as a PDF and attached here in Appendix C.

The final Excel workbook should be considered a part of the SDS and submitted at the same time.

APPENDIX D– Minimum Program Requirements

This should be addressed in narrative in the sections above however in this section succinctly note if the program is meeting or not meeting the minimum program requirement. The minimum requirements for continued PEPFAR support include:

Care and Treatment	<p>1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups and direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.</p> <p>Meeting requirement. New testing algorithm adopted in FY19. Rapid ART recommended for all clients who do not have contraindications; continued, successful programmatic efforts to improve linkage rates.</p>
	<p>2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥ 30 kg (including adolescents and women with childbearing potential), transition to other DTG-based regimens for children weighing ≥ 20kg, and removal of other DTG-based regimens.²</p> <p>Meeting requirement. Significant scale-up of DTG-based regimens and TLD ; PEPFAR supporting acceleration.</p>
	<p>3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensation (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.³</p> <p>Meeting requirement. 3-month and 6-month dispensation available; PEPFAR supporting supply chain improvements and consistent implementation.</p>
	<p>4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by end of COP20, and children where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.⁴</p> <p>Meeting requirement. All newly-diagnosed PLHIV offered TPT; TPT integrated into government care package and provided at no charge.</p>
	<p>5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing network optimization to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and VL, and load testing and results delivered to caregiver within 4 weeks.</p> <p>Meeting requirement. Very high viral load testing coverage for eligible clients; PEPFAR supporting further laboratory network optimization.</p>
Case Finding	<p>1. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and a safe environment for intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.⁵</p> <p>Meeting requirement. Index testing consent and confidentiality procedures described in section 4.1. Index testing scaled up in COP 2018 and COP 2019; self-testing introduced in COP 2019 and scale-up ongoing.</p>
Prevention	<p>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 h</p>

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

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

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

⁴ Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

⁵ Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 <https://www.who.int/hiv/pub/self-testing/hiv-self-testing-guidelines/en/>

	<p>burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk practices)⁶</p> <p>Meeting requirement – continued progress needed in COP 2019. PrEP offered to at-risk clients at AIDS Centers; supporting continued expansion of PrEP availability, particularly to smaller ART sites.</p>
	<p>2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services for children ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating 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, 4) addressing sexual violence and HIV.</p> <p>Meeting requirement. PEPFAR supports OVC services in 11 regions, including adherence and other psychosocial services, referrals for additional services, and trainings for pediatricians, social workers, and case managers.</p>
Policy & Public Health Systems Support	<p>1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medication-related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV treatment and prevention.⁷</p> <p>Meeting requirement. Government provides HIV services free of charge. Health reform supports improvements in health worker salaries.</p>
	<p>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 and national policy.⁸</p> <p>Meeting requirement. PEPFAR, in coordination with CPH and implementing partners, supports program and site standards across all 12 PEPFAR regions.</p>
	<p>3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Council and host country leadership offices with the general population and health care providers regarding U = U and other messaging to reduce stigma and encourage HIV treatment and prevention.</p> <p>Meeting requirement. Lab network optimization supporting streamlined access to VL testing results. PEPFAR is supporting U=U and other messaging to reduce stigma and encourage HIV treatment and prevention.</p>
	<p>4. Clear evidence of agency progress toward local, indigenous partner direct funding.</p> <p>Meeting requirement. More than two-thirds of funding goes to local partners – an increase from COP 2019.</p>
	<p>5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of increased resources expended after year increased resources expended.</p> <p>Meeting requirement. GOU has assumed primary responsibility for ARV procurement and prevention services.</p>
	<p>6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.</p> <p>Meeting requirement. Mortality outcomes are reported; PEPFAR will support further improvements to mortality surveillance.</p>
	<p>7. Scale-up of case-based surveillance and unique identifiers for patients across all sites.</p> <p>Meeting requirement. HIV MIS fully rolled out in civil and penal sectors across the 12 PEPFAR regions.</p>

Site level MPRs related to linkage and retention: During FY 2020 (COP19 implementation), all OUs are expected to fully implement retention-related PEPFAR Minimum Program Requirements at every PEPFAR-supported site, as these have a known impact on continuity of ART. Site level

⁶ Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (<http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en>).

⁷ The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

⁸ Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

implementation of these 4 elements must be assessed to inform COP20 planning. In addition, an effective tracking and tracing system must be in place at each site.

Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.
Rapid optimization of ART by offering TLD to all PLHIV weighing ≥ 30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥ 20 kg, and removal of all nevirapine-based regimens.
Elimination of all formal and informal user fees affecting access to HIV testing and treatment and prevention in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, Cotrimoxazole, cervical cancer, PrEP and routine clinical services.
Adoption and implementation of differentiated service delivery models for clinically stable clients that ensures choice between facility and community ART refill pick-up location and individual or group ART refill models. All models should offer patients the opportunity to get 6 months of medication at a time without requiring repeat appointments or visits.