President's Emergency Plan for AIDS Relief (PEPFAR)

Asia Regional Operational Plan (ROP) 2023

Strategic Direction Summary

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Abbreviations and Acronyms

AFP	Armed Forces of the Philippines
AHD	Advanced HIV Disease
AHF	AIDS Healthcare Foundation
ARP	Asia Region Program
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
BBS	Bio-Behavioral Survey
BMA	Bangkok Metropolitan Administration
BPS	Border Package of Services
CAB-LA	Cabotegravir Long Acting
CAR	Central Asia Region
CBO	Community-Based Organization
CBS	Case-Based Surveillance
CDC	Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CHAS	Center for HIV/AIDS and STI
CLHIV	Children Living with HIV
CLM	Community-Led Monitoring
CODB	Cost of Doing Business
CoOP	Community of Practice
CPS	Champasak Province
CQI	Continuous Quality Improvement
CSO	Civil Society Organization
CSS	Community System Strengthening
DDC	Department of Disease Control
DDD	Decentralized Drug Distribution
DFAT	Department of Foreign Affairs and Trade
DHO	District Health Office
DIHS2	District Health Information Software 2
DNO	Diagnostic Network Optimization

DOH	Department of Health
DQA	Data Quality Assessment
DQI	Data Quality Improvement
DSC	Disease Specific Certification
DSC	Disease Specific Certification
DSD	Differentiated Service Delivery
DTG	Dolutegravir
EAC	Enhanced Adherence Counseling
ECHO	Extension for Community Healthcare Outcomes
EHCMS	Electronic HIV Case Management System
EID	Early Infant Diagnosis
ELISA	Enzyme-Linked Immunosorbent Assay
eLMIS	Electronic Logistic Management Information Systems
EPOA	Enhanced Peer Outreach Approach
EQA	External Quality Assurance
FETP	Field Epidemiology Training Program
FSW	Female Sex Worker
FTE	Full-Time Equivalent
GAM	Global AIDS Monitoring
GBV	Gender Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOI	Government of India
GOI	Government of Indonesia
GOK	Government of Kazakhstan
GoKR	Government of Kyrgyz Republic
GOL	Government of Laos
GON	Government of Nepal
GoPNG	Government of Papua New Guinea
GSM	Granular Site Management
HAI	Healthcare Accreditation Institute
HCV	Hepatitis C Virus
HCV	Hepatitis B Virus
HCW	Healthcare Worker

HEF	Health Equity Fund
HIS	Health Information system
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HMIS	Health Management Information System
HRH	Human Resources for Health
HRSA	Health Resources & Services Administration
HTS	HIV Testing Services
IBBS	Integrated Biological and Behavioral Surveillance Survey
IIT	Interruption in Treatment
IPV	Intimate Partner Violence
JKN	Jaminan Kesehatan Nasional
KP	Key Populations
KPAC	Key Populations Advocacy Consortium
KPLHS	Key Population-Led Health Services
KPSC	Key Population Service Centers
KR	Kyrgyz Republic
KSCDID	Kazakhstan Scientific Center for Dermatologic and Infectious Diseases
LAM	Lipoarabinomannan
Lao PDR	Lao People's Democratic Republic
LES	Locally Employed Staff
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Related Communities
LIS	Lab Information System
M&E	Monitoring and Evaluation
MAT	Medication-Assisted Treatment
MCH	Maternal and Child Health
MER	Monitoring, Evaluation, and Reporting
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
MIS	Management Information System
MMD	Multi-Month Dispensing
MMT	Methadone Maintenance Therapy

MOH	Ministry of Health
MOHP	Ministry of Health and Population
MPI	Master Patient Index
MSHIF	Mandatory Social Health Insurance Fund
MSM	Men who have Sex with Men
NAA	National AIDS Authority
NACO	National Aids Control Organization
NACP	National AIDS Control Program
NACS	National AIDS Council Secretariat
NAP	National AIDS Programs
NCASC	National Center for AIDS and STD Control
NCD	Non-Communicable diseases
NCDPHA	National Capital District Provincial Health Authority
NCHADS	National Committee for HIV/AIDS, Dermatology and STIs
NCLE	National Centre for Laboratory and Epidemiology
NDoH	National Department of Health
NEQAS	National External Quality Assurance System
NGO	Non-Governmental Organization
NHSO	National Health Security Office
NIPH	National Institute of Public Health
NPHL	National Public Health Lab
NQMPP	National Quality Management Plan and Policy
NSP	National Strategic Plan
OCA	Organizational Capacity Assessment
OHAT	Outpatient HIV/AIDS Treatment
ONHIS	One National HIV Information System
OVC	Orphans and Vulnerable Children
PARCU	PEPFAR Asia Region Coordination Unit
PASIT	Planning Activities for Systems Investment Tool
PCCA	Provincial Committee for Control of AIDS
PCO	PEPFAR Coordination Office
PEPFAR	President's Emergency Plan for AIDS Relief
PHA	Provincial Health Authority

PHC	Primary Health Care
PHO	Provincial Health Office
PITC	provider-initiated testing and counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PNG	Papua New Guinea
POC	Point-Of-Care
PrEP	Pre-Exposure Prophylaxis
PSNU	Priority Sub-National Unit
PWID	People Who in Inject Drugs
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement
QMS	Quality Management System
RAC	Republican AIDS Center
RCBVHHC	Republican Center for Bloodborne Viral Hepatitis and HIV Control
rHIVda	Rapid HIV Diagnostic Algorithm
RNR	Risk Network Referral
ROP	Regional Operational Plan
S&D	Stigma and Discrimination
S/GAC	Office of the United States Global AIDS Coordinator and Health Diplomacy
SDART	Same-Day ART
SI	Strategic Information
SIHA	Sistem Informasi HIV AIDS
SIMS	Site Improvement through Monitoring System
SMS	Short Message System
SNS	Social Network Strategies
SNU	Sub-National Unit
SOP	Standard Operating Procedure
SQMS	Service Quality Monitoring System
SQMS	Service Quality Management System
SRE	Surveillance, Research and Evaluation
SRP	Stigma Reduction Package

ST	Self-Testing
STI	Sexually Transmitted Infection
SVK	Savannakhet Province
TA	Technical Assistance
TB	Tuberculosis
TG	Transgender
TGW	Transgender Woman
TL	Treatment Literacy
TLD	Tenofovir, Lamivudine, and Dolutegravir
TP	Trust Point
TPT	TB Preventive Treatment
TWG	Technical Working Group
U=U	Undetectable equals Untransmittable
UHC	Universal Healthcare
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VL	Viral Load
VLAO	Viral Load Assisted Ordering
VLC	Viral Load Coverage
VLS	Viral Load Suppression
VTC	Vientiane Capital
WHO	World Health Organization
WV-PNG	World Vision PNG

Asia Regional

Executive Summary

The PEPFAR Asia Region Program (ARP) comprises 12 diverse countries, contexts, and human immunodeficiency virus (HIV) epidemics: Burma, Cambodia, India, Indonesia, Kazakhstan, Kyrgyz Republic, Lao People's Democratic Republic (PDR), Nepal, Papua New Guinea (PNG), Philippines, Tajikistan, and Thailand. Since its 2019 regionalization, the ARP's vision has been to coalesce as a unified region to maximize impact and promote efficiencies to advance and sustain epidemic control, with special attention to key populations (KP), people living with HIV (PLHIV), and those at risk within their networks.

In ROP23, the ARP aims to achieve collective progress towards the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 benchmarks for attaining and maintaining epidemic control and PEPFAR's overall mission of ending HIV as a public health threat by 2030. In ROP23 the region will:

- Focus on closing gaps across the clinical cascade, including emphases on:
    - reducing new infections among KPs, with an increased focus on young KP (particularly young men who have sex with men (MSM)), female and older people who in inject drugs (PWID), and migrant populations (depending on specific country epidemiology)
    - decreasing late diagnosis that leads to advanced HIV disease (AHD)
    - increasing viral load coverage (VLC) and viral load suppression (VLS)
- Apply a status-neutral approach ensuring that all individuals tested for HIV are linked to (and retained in) appropriate high-quality prevention or treatment services
- Accelerate the scale-up of core standards including effective interventions such as HIV self-testing (HIVST) and social network strategies (SNS), and pre-exposure prophylaxis (PrEP); case-finding through index testing, multi-month dispensing (MMD) and Tenofovir, Lamivudine, and Dolutegravir (TLD) Transition, as appropriate; and eliminate harmful laws, policies, and practices that fuel stigma and discrimination
- Seek opportunities to integrate HIV-adjacent services for KP into HIV service provision and integrate HIV services into broader health services where possible
- Bolster KP leadership, including community-based organization (CBO) technical and functional capacity to promote a sustainable community-led HIV response
- Leverage partnerships with key stakeholders including CBO networks, host governments, and multilateral partners to align strategic programming
- Share lessons learned and best practices within the region and more broadly.

The region's ability to control the HIV epidemic and sustain impact with equitable access will involve both further tailoring KP approaches and strategies and integrating gender-transformative approaches into HIV prevention, clinical and health systems programs. Country-level strategies and shifts to address program gaps and priorities are described in the subsequent country narrative sections.

Centrally based in Bangkok, Thailand, the PEPFAR Asia Region Coordination Unit (PARCU) serves as the regional advisory platform and facilitates agencies' adherence to Office of the United States Global AIDS Coordinator and Health Diplomacy (S/GAC) guidance on planning, budgeting, program implementation, results monitoring, and reporting. The PARCU itself is composed of three members: the Asia Region PEPFAR Coordinator, one Centers for Disease Control and Prevention (CDC) representative, and one United States Agency for International Development (USAID) representative. The Asia Region PEPFAR Coordination Office (PCO) supports the PARCU and provides regional operational support. The ARP PCO includes the PEPFAR Coordinator, a Deputy PEPFAR Coordinator, and an Administrative Assistant. Additional support to PARCU and PCO is provided by a regional Strategic Informational (SI) Advisor (0.25 LOE). Together the PARCU and ARP PCO provide leadership and support to the 12 PEPFAR countries in the Asia Region in collaboration with the stewardship of the ARP Executive Council – an advisory group with representatives from each country and the PARCU – that was launched in ROP 21 and has been engaged in regular scheduled (monthly) and ad hoc meetings.

In ROP23, PARCU will stand up ad hoc technical exchange groups to help coordinate responses to pressing issues (e.g., the need for better ways to reach young KPs) and translate best practices quickly and efficiently into programmatic impact. PARCU will enhance regional collaborative efforts to share expertise through facilitation of technical exchanges among countries and subregions. These exchanges will involve sharing effective approaches and best practices for KP programming, e.g., PrEP scale up, Differentiated Service Delivery (DSD), Stigma and Discrimination (S&D) reduction interventions, community-led monitoring (CLM) scale up. Decentralized testing continues to be a barrier across the region, suggesting a need to help readily and quickly assess the policy barriers in each country, While there are no formal plans for an analysis for ROP23, the PARCU can initiate focused engagement with the agencies and multilateral partners to understand policy barriers across the region. This could be in the form of USG-wide surveys, technical working groups, and/or focus groups. This information can then be used to inform next steps for PEPFAR to address these barriers. Staffing for the PARCU and the PCO are reflected in the PARCU ROP23 budget.

In ROP23, $3.36 million in PEPFAR funding will support **unifying collaborations** in the region that enhance sharing of knowledge, resources, best practices, and tools. For ROP23, CDC and USAID both propose activities that build upon their ROP22 activities.

Regional Activities

PEPFAR will support the following unifying collaborations in ROP23:

- Laboratory Community of Practice (Lab CoOP)
- Building a Community of Practice for Border Programming (India)
- Central Asia Region (CAR) Migrant Health project
- Capacity Building for CLM
- Regional KP technical assistance (TA) and KP civil society organization (CSO) capacity
- Supporting KP CSO sustainability
- Reduction of HIV-related S&D and human rights advocacy

PEPFAR envisions the regional unifying collaborations to supplement the work being conducted in, and across, ARP countries. To prevent any potential duplication and ensure coordination with country-level activities (e.g., where there are existing activities already occurring such as CLM), PEPFAR will work with in-country interagency teams and/or the Executive Council to identify potential opportunities for supplemental regional support that can strategically complement existing programming and opportunities to share lessons learned from country-level activities and teams for regional advancement.

The **Laboratory Community of Practice (Lab CoOP) (Pillar 3)** activity was initiated in ROP21 to serve the 12 ARP countries — as well as laboratory regional stakeholders and partners (World Health Organization (WHO), Project Extension for Community Healthcare Outcomes (ECHO), etc.) — by creating a consortium for sharing of laboratory-related information, best practices, and cross collaborations for this underpinning health system domain in support of reaching UNAIDS 95-95-95 goals. During ROP21, the CoOP was established, along with the terms of reference. The lead technical partner was identified. Initial lab assessments were completed (Burma, Cambodia, India, Kazakhstan, Kyrgyz Republic, Lao PDR, Tajikistan, and Thailand), and statements of work for ‘on-ground’ lab consultants were developed. During ROP22, the activity began to address gaps identified in the lab assessments, primarily through a series of ongoing technical webinars tied to regional needs including recommended HIV testing algorithms, lab waste management, and viral load demand creation.

In ROP23, the CoOP will continue to create regional collaboration by hosting technical webinar series, conducting site mentorships, developing monitoring dashboards, and operationalizing national VL roadmaps. Regional and in-country lab consultants will provide TA TDYs to focus on specimen transport, quality assurance (QA)/ quality control (QC), etc. The activity will result in the development and implementation of a sustainability plan that includes identifying an entity to continue the Lab CoOP beyond PEPFAR support. The ultimate aims of this activity are to support the region in increasing VLC and VLS; decreasing turn-around time for critical test results; and increasing communication and collaboration related to lab practices.

During ROP21, the **Building a Community of Practice for Border Programming (India) (Pillars 1, 3; Enabler 1)** activity focused on the development and scale up of a comprehensive Border Package of Services (BPS) including HIV/TB services in India (Andhra Pradesh, Mizoram, Nagaland, and Manipur). The lead technical partner (PATH) developed workplans, held planning sessions, and provided ongoing BPS delivery in the Northeast States. Additionally, this activity strengthened collaborations and engagements among CBOs and faith-based organizations related to the BPS, as lessons learned were shared. In ROP22, learnings from the prior year were scaled and BPS interventions were expanded to selected high-risk corridors. Additional activities included demonstrating an online quality improvement /monitoring system connecting source and destination programs, border interventions, mobile KP programs, and hosting a regional information sharing platform to share challenges and successes around services for people who migrate.

In ROP23, this activity will build on previous learnings, continue the provision of BPS interventions underway, and scale the understanding of space of vulnerability across highly trafficked corridors as part of national and state annual action plans with a focus on the northeast states of India (including Mizoram, Manipur, and Nagaland and their bordering districts and states); we will also work above-site and focus on key districts in UP as part of a bidirectional corridor with specific districts in Maharashtra. The lead technical partner will replicate spaces of vulnerability assessments and develop and implement border package of services and other interventions for migrant PWIDs and other KP at risk or living with HIV along the corridor. During ROP23, this activity will also involve working with state governments for better cross-state communication and M&E, focused on real time monitoring along the bidirectional corridor.

In ROP23, PEPFAR will implement a **CAR Migrant Health project (Pillars 1, 2; Enabler 1)**. Similar to the previously mentioned Border Programming in India, this activity will aim to identify

spaces of vulnerability and implement interventions that will help increase harm reduction services coverage for migrants (primarily economic migrants). The primary outputs for this activity during ROP23 will include:

- Developing a short, medium, and long-term workplan for assessing migrant HIV and health needs for Central Asia that includes identifying key staff and stakeholders
- Identification of effective and feasible interventions
- Implementation of interventions
- Evaluation of interventions with associated recommendations
- Dissemination to local and CAR stakeholders, e.g., government, civil society, multilaterals

This process will involve identifying and engaging key staff and stakeholders throughout the project period as well as building their capacity around packages of services that meet the needs of migrants. At the end of the project period, the lead technical partner (Columbia University) will convene a workshop or webinar for the ARP to share findings and lessons learned. Like the Border Programming in India project, it is expected that the processes and products developed (e.g., tools, package of services) will be shared with regional and country stakeholders for potential adaptation in non-PEPFAR settings.

The **Capacity Building for CLM (Pillar 2; Enabler 1)** activity was initiated in ROP21 to support, advocate for, and empower community-led organizations to advance their role in accountability of HIV and health programs, with a particular focus on TA to strengthen CSOs' capacity to carry out in-country CLM activities. During ROP21, the lead technical partner (UNAIDS) developed workplans, completed initial TA assessments, mapped existing CLM projects and initiatives, held stakeholder consultations and workshops, and developed a capacity-building plan/strategy for CSOs. ROP22 focused on implementing the capacity-building plans, including rolling out training materials; creating resource mobilization strategies; incorporating community data into national M&E systems; providing direct TA as needed; helping communities assess progress made towards CLM development (using the CLM progression matrix tool); and sharing of lessons learned and best practices.

In ROP23, UNAIDS will organize CLM capacity building and advocacy webinars based on the identified capacity building needs for community-led organizations and other CLM implementers; consolidate regional communities of practice and production of regional CLM evidence, including best practices and lessons learned; support community-led organizations in

resource mobilization for CLM (include CLM component in the GFATM funding requests); support a regional CLM workshop; develop an easily accessible information repository where stakeholders including governments, donors, TA providers and CLM implementers can exchange information and troubleshoot challenges for CLM; strengthen south-to-south collaboration and sharing of experiences in CLM; and identify, document and disseminate success stories from CLM programs from the community perspective. The ultimate aims of this activity are to strengthen community-led organization expertise on CLM, advocacy, leadership skills; unify the CLM approach across the region; and help to institutionalize CLM and the incorporation of CLM data into national HIV responses and policy making.

Regional KP TA and KP CSO capacity (Pillars 1, 2, 3; Enabler 2): These unifying collaboration activities are designed to catalyze a regional effort to reach epidemic control, addressing specific program areas identified by KP networks and KP CSOs as urgent: 1) scaling proven HIV KP innovations; 2) supporting KP CSO sustainability; and 3) addressing HIV-related human rights and S&D.

The first area focuses on capacity building to support technical innovation and exchange and scaling high-impact interventions for community-based KP-led health services, building on efforts already underway and initiating new services in some countries. Work includes the following objectives:

- Support regional KP networks and TA partners to build capacity for community-based services through advocacy for and provision of TA to scale up proven HIV innovations in the region and introduction of policies that support those innovations. Areas include TA and CSO capacity building primarily for scale-up of:
    - KP-led approaches
    - Transgender (TG) health competency and gender affirming care
    - PrEP demand creation and preparation for long-acting cabotegravir (CAB-LA),
    - Expanded same-day ART (SDART), community-based ART, community-based VL monitoring
    - KP DSD, including tailoring services for young KP
- Enhance regional evidence sharing to promote health equity, advocacy, and action through innovation diffusion to advance regional learning that will engender consultations and disseminate lessons learned and innovations, including:
    - Facilitating peer-to-peer knowledge exchange between countries

    - Enhancing connecting, convening, and enabling roles among KP networks and CSOs
    - Promoting data use for quality improvement and knowledge management
- Promote KP CSO south-to-south support for sustainability through supporting institutionalization of KP HIV and health services in government and CSOs at local, national, and regional levels through advocacy for policy change and TA for KP CSO certification and accreditation at the national level, including:
    - Negotiating access to health services reimbursement
    - Exploring alternative financing mechanisms for KP CSOs
    - Navigating strategic purchasing of HIV services through social enterprise, social contracting, and blended approaches

PEPFAR will support TA for scaling services and ensure that regional KP CSOs have the support they need to play a key role in providing TA moving forward.

ROP funding has already supported regional KP CSO south-to-south knowledge exchange and timely updates on key technical topics related to HIV and HIV service provision through virtual exchanges and webinars.

In ROP23, particular focus will be on the following:

- **Convening MSM influencers** in the region to consult on accelerating demand creation for young MSM on health-seeking behaviors, and in particular for HIV, to develop action plans to close the gaps noted in the region
- **Enhancing young KP leadership** in the region to ensure HIV and HIV-related health services are developed with their guidance
- **Integration of mental health** and sharing best practices for addressing mental health needs in KP-led health services

As in ROP21 and ROP22, funds will continue to support:

- **Scale-up of PrEP services** and linkage to treatment for KPs in select countries
- **Expansion of TG health** programs in select countries
- **KP CSO sustainability** through social enterprise, domestic health financing, or blended mechanism in select countries
- **Innovative diffusion of best practices and lessons learned** for PrEP services, ART, and innovative approaches for KP prevention and links to treatment

- **Advocacy by regional KP networks** for policy changes on KP HIV service needs, including prevention and links to treatment programs, mental health, young KP-specific needs, and reducing barriers to care for KP

Support for KP CSO sustainability (Pillars 2, 3; Enablers 1, 2): This activity is looking across the region as a whole, and also examining country-level readiness for specific interventions, in consultation with country programs and stakeholders to support KP CSO sustainability. In ROP23, PEPFAR will stay apprised of global S/GAC and UNAIDS efforts to develop metrics for sustainability. PEPFAR will collaborate with UNAIDS on their KP CSO sustainability framework that will enable tracking of policy development for social contracting, social health insurance reimbursement expansion, and replicating models in the region for social enterprises. KP CSO social enterprise development in several countries is underway, and an additional social enterprise in CAR will be added to this group in ROP23. Best practices and lessons learned from their implementation will lead to developing guidelines in this arena.

Objectives include:

- **Policy and regulatory environment**:
    - Use of Maturity Model in collaboration with USAID and UNAIDS to focus countries on end goals and indicators of domestic investments to end HIV
    - Continued development of action plans in multiple countries to remove obstacles to domestic budget transfer to KP organizations
- **Social health insurance and social contracting**:
    - Knowledge transfer of feasible social contracting and social health insurance reimbursement models in the Asia region (Thailand, India, Philippines)
    - Ongoing support for CHW and CBO certification and accreditation in countries in which this is required to access health services reimbursement
- **Social enterprises:** As mentioned, efforts to foster several local social enterprises throughout the region have begun.
    - Incubation and scale-up of selected social enterprise ideas in KP-led organizations in Asia
    - Generation of lessons learned and data on factors related to success and evidence on income that can be generated to contribute to sustainability of KP services in these organizations

Reduction of HIV-related S&D and human rights advocacy (Pillar 1, 4): One critical element highlighted by many CSO stakeholders during the ROP23 co-planning process was S&D in the HIV services context. Stakeholders observed that people identifying with one or more KP or priority populations continue to face S&D in HIV service settings, particularly in more traditional facility settings providing primary health care services.

In ROP23, PEPFAR will support UNAIDS Regional Support Team Asia-Pacific (RST AP) to build sustainable approaches to eliminate HIV-related S&D in the Asia Region:

- Build capacity of stakeholders to design, implement, and monitor HIV-related S&D reduction programs at national and local levels
- Strengthen collaboration between stakeholders to foster progressive multisectoral and multidisciplinary collaboration on design, implementation, and monitoring of HIV-related S&D programs
- Improve communication and awareness on the impact of HIV-related and intersecting forms of S&D

An online community of practice (CoOP) for reduction of HIV-related S&D initiated by UNAIDS RST AP has already been established. PEPFAR will support the continuation of the CoOP, the purpose of which is to provide an accessible online forum to network and exchange, as well as provide a clearinghouse of tools and resources for programs aiming to reduce HIV-related S&D.

PEPFAR Burma

Vision, Goal Statement, and Executive Summary

Data from 2021 showed that Burma was at **78%-91%-21%** (97% VLS) among those with a VL test). [REDACTED] The PEPFAR Burma program recognizes that coordinated investment and effort is needed to meet the program's ROP23 vision of **advancing health equity for KPs and sustaining quality HIV prevention, care and treatment services through differentiated community and person-centered interventions.** To that end, and in ROP23, PEPFAR Burma will build on the progress of ROP22 and leverage above site and site level activities to advance shared program goals. The program will use the PEPFAR 5 x3 strategy as a framework for its engagement with national stakeholders. More specifically, the program will continue to work closely with civil society and multilateral stakeholders such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and UNAIDS to ensure that interventions and activities are complementary and can amplify program impact within the HIV cascade under difficult operational conditions that have included: (1) ongoing conflict; (2) commodity shortages due to unnecessarily burdensome and sometimes opaque bureaucratic processes; and (3) continued shortage of skilled human resource and staff in public health sector facilities and administrative bodies.

During the development of PEPFAR Burma's FY24 Regional Operational Plan (ROP), national stakeholders identified three key shifts and related activities that will support our shared programmatic goals of moving Burma towards epidemic control. The three shifts are, as follows:

1. **Enhanced community systems strengthening (CSS) with a focus on**
    a. Greater, sustained investment in CSS
    b. Increased service delivery through KP-led organizations and non-governmental organizations (NGO)/CSOs
    c. Ongoing capacity development in leadership, organizational development, advocacy, coordination, CLM, resource mobilization and technical capacity.
2. **Enhanced services for KP and specific sub-groups with a focus on**
    a. Routine SI on key population sub-groups' needs and preferences
    b. Data to tailored services for KP and KP sub-groups including young MSM, transgender women (TGW), female PWID, young female sex workers (FSW), and overlapping risk populations
    c. S&D through sensitization
3. **Increased VLC and access to VL testing with a focus on:**

a. VL testing network mapping, sample referral optimization, and turnaround time analysis
b. Scale-up utilization of dried blood spot testing
c. Empower communities with VL sample management and coordination supports
d. Utilization of private sector facilities to increase VL testing coverage (public-private partnerships, strategic purchasing, etc.)

These shifts align with the country's current National Strategic Plan as well as the new GFATM proposal that will cover part of FY24. The PEPFAR Burma program has unique operational conditions. The recent coup and ongoing violence, coupled with the COVID-19 pandemic, have depressed earlier progress on the HIV cascade. To prevent further backsliding, PEPFAR Burma and other stakeholders are committed to addressing these three essential shifts, which reflect the need to advance client-centered activities, particularly for young KP and other KP sub-groups including female PWID. The activities noted in the program's key shifts also align with the PEPFAR 5x3 framework and those delineated below under each pillar.

Pillar One - Health Equity for Priority Populations

PEPFAR Burma recognizes the importance of Pillar One (Health Equity for Priority Populations) and the shifts proposed by the program's national and CSO stakeholders will advance our collective goal of improving health outcomes for KP (MSM, PWID/PWUD, FSW and TG), KP sub-groups (e.g., female PWID/PWUD, young KP etc.) and PLHIV through a focused strategy that deepens client-centered approaches across the HIV prevention, care, and treatment cascade. The ROP23 strategy also integrates key HIV services with other essential services (e.g., mental health (MH) and gender affirming) to better support the needs of KPs, KP-subgroups and PLHIV. The program plans the following interventions under this pillar though the results or impact may also be linked to programmatic activities that fall under other pillars:

- Expand PrEP in new geographic areas, KP groups with DSD, and explore potential for CAB-LA
- Optimize HIV testing modalities, scale-up HIVST and index testing, mobile HIV testing services (HTS), case-based surveillance (CBS) and SNS
- Expand cutting edge, community-led harm reduction responses
- Ensure treatment continuity and retention, community ART groups and new Undetectable=Untransmittable (U=U) visual tool
- Integrate Mental Health and Psychosocial Support (MHPSS), and gender affirming care into HIV service delivery points

- Address stigma, discrimination, [REDACTED], and structural barriers

Pillar Two - Sustaining the Response

PEPFAR Burma's strategy for Pillar Two (Sustaining the Response) is focused on supporting KP and PLHIV-led organizations as it is committed to the principle of partnership with key affected groups, particularly given the recent increase in S&D [REDACTED]. Additionally, PEPFAR Burma recognizes that – as the program advances client-centered services – it is important to consider the holistic needs of key affected groups. While funding for programs can be vertical, HIV services must be integrated with other health services including TB, Hepatitis, harm reduction (e.g., medication-assisted treatment (MAT), buprenorphine etc.) and mental health services to advance equity and better outcomes amongst all key affected groups. Services also need to be more convenient and accessible to increase uptake amongst all sub-populations and geographic locales – rural, urban, [REDACTED]. As such, the program identified the following activities to focus on in ROP23:

- Demonstrate the value of a new social contracting model while continuing social franchising approaches
- Integrate HIV services with TB, Hepatitis, MAT, etc. via strategic investments (e.g., drop-in centers for female PWID who are not comfortable at clinics with men)
- Expand CLM in collaboration with other stakeholders
- Focus on localization via the promotion of local leadership and local-led responses
- Operationalize a CSS strategy to ensure locally owned community-led responses

Pillar Three - Public Health System and Security

PEPFAR Burma sees Pillar Three (Public Health System and Security) as a cross-cutting issue that helps strengthen local health systems. For ROP23, the program plans investments in cross-cutting areas that are linked to program results across the HIV cascade. More specifically, and in FY 24, program investments will focus on:

- **Improving laboratory access and QA**
    - through greater coordination of stakeholders to address urgent needs for VL testing
    - through addressing the reagent supply and lab/clinic interface
- **Strengthening the supply chain**
    - by improving stock monitoring, forecasting, and quantification

    - through utilization and improved functioning of the electronic logistic management information systems (eLMIS)
    - by building local capacity for supply chain management
- **Promoting Person-centered care and integrated service delivery including TB and Mental Health (MH) services**
    - by building domestic technical capacity in management of HIV service delivery and providing TA to operationalize and increase uptake of updated national HIV clinical guidelines
    - strengthening coordination at national and subnational levels to improve treatment continuity and promote person-centered care models
    - supporting integration of TB and Mental Health services with HIV service delivery
- **Building capacity of health care workers (HCWs) and integration of community workforce to address** Human Resources for Health **(HRH) gaps**
    - through telementoring program and digital learning hub
    - strengthening institutional capacity of community/KP networks through capacity building, mentoring and technical guidance
- **Improving Quality Management Approach via:**
    - Strengthening QA /CQI for HIV laboratory services
    - Improving quality management system for HIV and MAT services

Pillar Four - Transformative Partnerships

In ROP23, and with the current context and challenges in Burma, PEPFAR Burma strongly believes that Pillar Four (Transformative Partnerships) is essential to improve program impact and results. Even before the recent coup and COVID-19 pandemic, national stakeholders including GFATM, WHO, and UNAIDS have worked closely with communities impacted by HIV to reflect and prioritize their needs in their planning and implementation processes. To ensure maximum impact, organizations are actively aligning resources and interventions to minimize duplication of efforts. In ROP23, these national stakeholders also actively participated in the development of PEPFAR Burma's operational plan, and the program will continue its focus on:

- Strategic alignment and close collaboration with the GFATM and all key stakeholders, particularly in the areas of sustainability planning and resource mobilization
- Collaboration with multilateral organizations including WHO and UNAIDS to ensure cohesive national and regional level strategies and priority development processes

- Partnership with UNAIDS and key affected communities to improve risk communication and structural interventions on legal, policy and social barriers

Pillar Five - Follow the Science

In ROP23, PEPFAR Burma will continue to support activities that bolster Pillar Five (Follow the Science). More concretely, the efficacy of program interventions and results depend on accurate and timely data on all key affected populations. As noted above, national stakeholders requested more routine data on KP and KP sub-groups and the program received additional funds via its health equity proposal to better address this request. In addition, the program has planned the activities noted below to ensure that program interventions and activities are data-driven and will result in the greatest impact:

- Building domestic capacity on SI and data availability
- Strengthening national HIV surveillance activities and supporting bio-behavioral surveys (BBS) and population size estimate for KPs, HIV sero-sentinel surveillance, drug resistance and toxicity surveillance
- Supporting a pilot that demonstrates the efficacy of buprenorphine as an alternative to methadone that results in better outcomes for PWID
- Supporting the efficacy of PrEP among PWID in collaboration with the London School of Hygiene and Tropical Medicine

Table 1: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Burma

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Burma										
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	53,798,000	0.5%	270,000	210,600	191,588	91%	21%	338,483	18,168	12,103
Population <15 years	13,449,500	0.07%	9,700	N/A	6,587	N/A	N/A	N/A	N/A	N/A
Men 15-24 years	4,820,940	0.3%	14,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Men 25+ years	14,998,480	0.8%	116,400	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Women 15-24 years	4,322,400	0.3%	12,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Women 25+ years	16,209,000	0.8%	116,400	N/A	N/A	N/A	N/A	N/A	N/A	N/A

MSM**	252,000	8.8%	22,176	N/A	N/A	44%**	99%**	63,797	3,190	N/A
FSW**	66,000	8.3%	5,478	N/A	N/A	59%**	98%**	42,114	1,685	N/A
PWID**	93,000	19%	17,670	N/A	N/A	14%**	93%**	37,990	4,559	N/A
TG**	N/A	N/A	N/A	N/A	N/A	N/A	91%**	3,229	387	N/A
Priority Pop (specify)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Data sources:

* World Population Prospect 2022 and the World Bank

**UNAIDS 2021, BBS PWID (2017) and BBS MSM and FSW (2019)

***Draft Progress Report 2021, National AIDS Program

Note:

At national level, the national program is collecting data only for <15 years and >15 years. No further age/sex disaggregated data available for other age groups. Disaggregated data for KP on ART is not captured in the national reports.

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

Figure 1: [REDACTED]

Table 2: Current Status of ART Saturation, Burma

Current Status of ART Saturation, Burma				
Prioritization Area	Total PLHIV/% of all PLHIV for ROP23	# Current on ART (FY22)	# Of SNU ROP22 (FY23)	# of SNU ROP23 (FY24)*
Scale-up: Aggressive	N/A	12,502	29	4*
No Prioritization	N/A	182,112	111	13
Total National	270,000	191,588	140	17

* In ROP23 (FY24) prioritized SNU has been changed from township level to state level, thus, the scale-up: Aggressive SNU from 17 to 4 SNU for ROP23 (FY24).

Pillar 1: Health Equity for Priority Populations

Background:

PEPFAR Burma's ROP23 strategy will focus on health equity to move the country closer to UNAIDS 95-95-95 targets. Burma has a concentrated epidemic. Publicly available data notes that approximately 75 % of PLHIV live in five key geographic regions – Yangon, Kachin, Sagaing, Shan (North) and Mandalay. As noted in the three key ROP23 program shifts enumerated above, progress towards epidemiological control will need to better address health equity and outcomes among KP, overlapping risk groups and specific KP sub-groups including female PWID, young KP etc., and PLHIV across the HIV cascade.

Given the epidemiological profile and key affected populations linked to the country's epidemic, PEPFAR Burma's program focuses primarily on KPs and KP sub-groups. However, the program coordinates resources and interventions to ensure that additional vulnerable populations are addressed by other national stakeholders. More specifically, GFATM provides services for partners of KP, the pediatric cascade, pregnant and breast-feeding women, and prisoners. PEPFAR partners coordinate with other health services including TB or MH to ensure better care for KPs and PLHIV. Finally, the program will actively identify ways to better integrate other services and provide more person-centered care with the goal of improving outcomes across all KP sub-groups and PLHIV.

PEPFAR Burma plans to deepen person-centered approaches and KP-competent services to increase access and improve health outcomes across the HIV cascade. More specifically, the program is focused on using data for targeted program implementation to improve efficacy and reach. In addition, PEPFAR Burma will improve HIV surveillance activities such as HIV Sentinel Serosurveillance survey and BBS to generate more data on KP sub-groups, particularly young KP, TGW and female drug users at the national level, and provide TA on assessments of KP sub-groups such as female PWID in collaboration with the GFATM and other stakeholders. In ROP23, PEPFAR Burma will also develop and implement a tool with its Health Equity funds to routinely collect data from KP sub-groups as well as overlapping risk populations. As part of improving equity and health outcomes for KP, KP sub-groups and overlapping risk populations, the tool will help collect data from KP who may not be accessing services or are "hidden" as they are more geographically or otherwise isolated. This data, which will be discussed more in Pillar 5, will be used to identify and close the gaps in outcomes among KP, KP sub-groups and PLHIV across the HIV continuum using the strategies and activities discussed below.

Prevention and testing strategy and activities

The program will continue to provide DSD models that advance combination prevention strategies and optimized testing to increase access to HIV prevention and testing services by making it more convenient and, by extension, increasing the uptake of HIV services. More specifically, the overall strategy for prevention in ROP23 includes an intensified focus on enhanced outreach, SNS, and physical and online outreach. For testing, the program's strategy will focus on expansion of community-based screening and linkage services; the scale up of innovative HIV testing modalities such as index testing and HIVST, and the use of a status neutral approach to the provision of services. Finally, and underscoring the close collaboration amongst national stakeholders, GFATM is expected to scale up index testing at its sites and PEPFAR will continue to systematically refer key vulnerable groups such as partners of KP to them – leading to greater testing coverage and access to HIV services.

Essential prevention activities from ROP22 will continue in ROP23 but [REDACTED] will be expanded to different geographical regions and for different populations. More concretely, national stakeholders including PEPFAR will offer a range of services including: (1) Needle Syringe Program (NSP); (2) condoms and lubricants; (3) Medicated-Assisted Treatment (MMT, BPN); (4) overdose prevention and management; (5) HTS and sexually transmitted infections (STI) screening and treatment; (6) key population service centers (KPSC) including female PWUD/PWID specific KPSC; and (7) tailored prevention interventions for young KP. Additionally, the program will offer multiple modalities of testing that include both online and in-person approaches.

The program is also introducing innovative approaches to testing in ROP23. More specifically, the program will use a Chatbot function and partner with a local pharmaceutical chain to ensure that KP and other at-risk populations have access to self-testing kits while still preserving confidentiality. Individuals can then take self-tests on their own or access self-testing and additional prevention services and/or referrals to treatment.

In addition to innovations, the program will engage in the strategic expansion of key interventions that are being implemented in ROP23. The program is currently awaiting official approval for expansion of HIVST services. As such, the PEPFAR Burma program will also expand PrEP to PWID and other KP. [REDACTED] Additionally, the program will offer differentiated PrEP models including 'tele-PrEP' and 'PrEP on Wheels' to increase access to PrEP.

Care/Treatment Strategy and activities

The program's strategies for treatment and retention in services are also focused on person-centered approaches and KP-competent services. For treatment, and to continue to improve outcomes for KP and PLHIV broadly, the program will further: (1) differentiate service delivery models such as providing one stop service for MAT/ART for PWID; (2) integrate TB care; (3) ensure peer navigation and case management for pre-ART retention; and (4) continue rapid ART initiation while continuing to address persistent challenges with HIV commodities. Additionally, the program recognizes the need to address AHD, and, in ROP23, it will continue working with other national stakeholders like GFATM to transition PLHIV to Dolutegravir (DTG)-based regimens through 2025. The program's strategy for increased retention and viral suppression for KP is addressed in detail in Pillar 3 and in the core standards but, in brief, includes the following elements: (1) increasing access to VL testing services; (2) improving VLC; (3) reducing VL result turnaround time to PLHIV; (4) improving the lab-clinic interaction; (5) outsourcing VL services to private sector; and (6) collaborating with KP/CSO peers to demonstrate assisted VL sample management.

In ROP23, these strategies will be implemented through key activities. For treatment, these activities include accompanied referral; support to satellite ARV sites and to co-located MAT-ART sites; TB screening and treatment; Hepatis B and C screening and Hepatitis B vaccination; support for pre-ART investigations; and both motivational interview and peer counseling approaches. For VLS, the program's ROP23 activities will specifically include adherence support and counseling; community ART groups; training for service providers on VL literacy and PLHIV/KP peers on tracking MA and loss to follow up (LTF) and how to help individuals re-engage with treatment. The program will also offer MMD and differentiated drug distribution based on the availability of HIV commodities. Finally, the program will support referrals to treatment and partner with KP-led and CSO organizations to advance key activities focused on retention including messages on U=U.

To better address gaps in KP-led service delivery, PEPFAR Burma continues to empower CSO and KP networks to deliver person-centered DSD approaches and KP-competent HIV services across the continuum of care. KP-competent HIV services under PEPFAR TA plans to cover community-led HIV case management including community peer-led VL sample management, community-led counseling through hotline services, linkage to MH services, KP-led comprehensive prevention interventions for young KPs and FSWs, and Health HCW sensitization program to reduce S&D towards KP. The availability of client centered counseling

services is very limited in the ART facilities. In ROP23, PEPFAR will continue to provide technical transfer activities to the PLHIV peers network for their engagement at additional ART facilities to improve linkage and retention in care.

Additional Integrated Services tailored to the needs of specific KP sub-groups

In ROP23, and in response to the shifts recommended by national stakeholders, the program will provide KP-competent services and further address the needs of particular KP sub-populations, as follows:

- ***TG:*** In earlier ROP cycles, the PEPFAR Burma program supported the establishment of the first clinics dedicated to TG health services. In ROP23, PEPFAR Burma will expand services for TG at the clinics with skilled health professionals that can better meet their needs. More specifically, and in Burma, TGs have access to few trans-competent services. In addition, national reporting and surveillance surveys often group TG with MSM. Also, many TGW have reported a negative experience [REDACTED] or experienced a lack of access to trans-competent care. As such, PEPFAR Burma's TG clinics will: (1) further improve service uptake and linkage to services through partnership with KP-led CBOs by introducing selected gender affirming services at CPDP corners; (2) provide training to facility staff on motivational interview counseling – to improve service uptake and client engagement; (3) provide training and support for PrEP DSD models and practices – to improve PrEP uptake and retention; (4) strengthen online outreach and social media management – to improve digital engagement; and (5) will share experiences with other partners outside PEPFAR to amplify the impact of best practices and to expand services for TGW broadly.
- ***PWID / Female PWID*****:** The PEPFAR Burma program works in a unique rural HIV epidemic, in hard-to-reach [REDACTED] areas and these environments pose significant operational challenges. The program is addressing these challenges through DSD and through diverse strategies that include fixed clinics, mobile clinics, peer-to-peer and community outreach for harm reduction and HIV services. In ROP23, PEPFAR Burma will continue to support 15 MAT centers in Kachin & Sagaing [REDACTED] with one-stop ART and MAT services and also respond to stakeholder feedback that female PWID prefer to access treatment without male PWIDs. As such, the program will continue to provide a safe, 'home-like' space for women who use drugs through women specific key population service centers (KPSC) [REDACTED]. In Burma, peers from PWID Drug User Networks have limited capacity and skills to lead KP-competent

services for standard harm reduction services. PEPFAR will continue to strengthen the capacity of PWID networks through mentoring and coaching, including formation of additional PWID self-help groups at sub-national level by inclusion of PWID sub-groups in three regions for their greater engagement in MAT facilities. PEPFAR TA will enhance PWID access to MAT and ART services including buprenorphine by promoting person-centered and DSD approaches in five high burden regions. Due to limited human resources after the coup in 2021, national expansion of new MAT sites was suspended and as such, new MAT initiation has been affected. However, in the recent national plan, domestic resources for methadone procurement for 2024-2026 will be maintained and expansion of the MAT program will be supported. Through PEPFAR Burma's TA, formation of additional MAT sites and expansion of Drug Treatment Information System at additional MAT sites will ensure PWID and their sub-group access to MAT and ART services and monitor treatment adherence and outcomes.

- ***Young KP:*** The program will promote services for young KP through both online and physical outreach. The program will use social media and other online platforms to reach young KP and provide effective linkage to PrEP and other HIV prevention and care services. PEPFAR also provides MH services for young KPs through a number of activities including Hot-line first aid psychosocial counseling through social media platforms and effective referral for further MHPSS services; building capacity of young KP counselors to generate a workforce for MH services. These efforts should result in better outcomes for KPs and increase retention in HIV services. PEPFAR TA strengthens tailored services for young KPs. Mental health training curriculum was updated in ROP22 to support capacity building programs for young KP to perform as mental health facilitators by providing mental health support via tele counseling services. To strengthen linkage to HIV and mental health services, young KP-led mental health awareness program has been implemented through social media platforms. In ROP23, PEPFAR plans to continue online mental health service provision implemented by young KP networks and improve young KP's skills on prevention and motivational counseling.

Integration of Gender-based violence (GBV) / intimate partner violence (IPV) services

PEPFAR Burma addresses GBV/IPV through multiple avenues. In ROP22, the program will provide refresher training (LIVES) to better address the quality and screening for violence as well as referral to supportive services. In ROP23, the program will build on current efforts and

continue training health care staff as well as offer screening for IPV during index testing along with linkage to supportive services. The program is also trying to change structural barriers to improve GBV services and those efforts are addressed in another section.

Institutionalizing key policies and changes for maximum impact on health equity

PEPFAR Burma recognizes that there are a number of policies, guidance and other above site activities, such as [REDACTED], the national clinical management guidelines for HIV infection and national community system strengthening strategy in ROP22, that contribute to program impact and ability to move national results towards 95-95-95. In ROP23, PEPFAR Burma plans to support the development of national consolidated guidelines on health services for KPs which outline public health responses on HIV, Hepatitis and STI for KPs by adopting latest guidance and recommendations from WHO, and strategies and standard service packages to enhance tailored services for KP and sub-groups will also be included. As the national responses on HIV in Burma have been designed and guided by the current HIV NSP for 2021-2025, a mid-term review on current NSP will be carried out in ROP23 with technical support from PEPFAR and a roadmap will be prepared with recommendations on key strategies, policy changes and interventions to improve health equity for KPs in the new NSP development for 2026-2030.

Structural barriers including HIV related S&D, punitive laws, policies and practices, and gender inequality and GBV continue to have an impact on KP and PLHIV to access quality HIV services. Enabling legal and policy environments are critical for effective HIV responses [REDACTED]. PEPFAR Burma will invest in structural interventions and critical community-led responses to address these barriers and promote integrated delivery of key services to address S&D, mental health, violence, [REDACTED], and gender issues through a variety of above site and site level strategies. More specifically, the program will collect data on barriers to accessing HIV services for KP that will inform changes to program implementation. The program will also work with other national stakeholders to advance person-centered policies and status neutral approaches along with additional training for healthcare providers to reduce the impact of S&D.

To reduce S&D, and with PEPFAR support in ROP22, Burma will conduct a survey to gather evidence on how S&D impacts the lives of PLHIV. In ROP23, PEPFAR will support the dissemination of findings and the development of an advocacy plan utilizing recommendations from the survey and incorporating critical community-led responses including national and subnational level advocacy and public campaigns. The program will also support KP networks to lead interventions that advance KP friendly services with HCWs beyond non-public HIV

facilities with a focus on the provision of non-stigmatizing and competent services

In partnership with KP and PLHIV groups, PEPFAR Burma will support interventions to improve legal literacy [REDACTED]. Moreover, the program will promote awareness on Gender Based Violence and Sexual Orientation and Gender Identity and empower KP and PLHIV networks in building capacity of supporters to document GBV cases and provide necessary support for those who face violations and discrimination. Finally, ROP23 will also include support for community-led services, community-led monitoring as well as standalone or integrated clinics to better meet the needs of specific KP sub-populations including TG and PWID.

The PEPFAR Burma program's plan to address HIV testing closes gaps through complementary strategies at the service delivery and at the above site or national level. The program's site level strategy is delineated above in Pillar One (Health Equity) under the plan for KP. PEPFAR plans to support integration of status neutral approaches to prevention, HTS and care and treatment programs by updating national standard operating procedures (SOP) and guidelines, and through training of trainers. Lost to follow-up application tool will be upgraded to include this new approach to be further demonstrated in CSO supported sites as an assisted referral system with KP/CSO peers. In ROP23, PEPFAR Burma also plans to support national expansion of high yield case finding modalities (HIVST, self-ethical index testing and community-based screening) in collaboration with GFATM NGOs and national stakeholders. PEPFAR TA through capacity building and mentoring support strengthens and improves case finding strategies of GFATM NGOs by introduction of safe-ethical index testing strategies and therefore, some of GFATM NGOs could plan to implement HIV index testing in 2023. In 2021-2022, the national program conducted a pilot project on HIVST for MSM/TG in two regions, and the national roll-out plan will be developed in 2023. National operational guidelines for HIVST were developed with PEPFAR TA to support the roll-out plan. PEPFAR Burma will continue to offer TA to facilitate the national roll-out of HIVST for KP in high priority regions and the integration of HIVST into prevention services including PrEP. In ROP23, PEPFAR TA will also continue to support certification and recertification programs for CBS testers through ongoing training.

In ROP23, PEPFAR Burma will provide TA to support the country's PrEP scale-up plan for all KPs (MSM/TG/FSW/PWID) to include more sites in Yangon and expand to other PEPFAR priority regions (Mandalay, Shan - North, and Kachin) and other regions such as Shan- South, Ayeyarwady and Mon. PEPFAR will also help operationalize national PrEP SOP, which will be updated in ROP22 to be aligned with latest WHO guidelines. The updated SOP will include

delivery of innovative and evidence-based PrEP models, person-centered and KP-led PrEP service provision (e.g., DSD and ED-PrEP). PEPFAR Burma will also continue to: (1) advocate stakeholders to mobilize resources for PrEP; (2) provide TA to upgrade the national PrEP DHIS-2 tracker; and (3) support a PrEP notification system for clients.

Pillar 2: Sustaining the Response

The current political upheaval in Burma continues to hamper efforts to engage in meaningful sustainability planning for the national HIV response, but **the program has continued to invest in building the skills of KP and CSO-led organizations through implementing partners and in collaboration with stakeholders**. [REDACTED] In addition, there continues to be increased violence against the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Related Communities (LGBTQI+) community and continued criminalization of KPs.

As noted in ROP22, PEPFAR Burma pivoted its investments to strategies that resulted in: (1) greater numbers of patients on ART; (2) **increased technical skills and management capacity of KP/community-led networks**; and (3) the use of innovative community/KP-led service delivery models to fill gaps in HIV service delivery. The program also actively coordinates with key stakeholders; fund management offices, United Nations (UN) agencies, technical partners, implementing partners and community/CSO groups to leverage resources and ensure the continuation of HIV services. In ROP22, the program also identified several critical systems gaps through a rapid assessment including: (1) limited domestic capacity, particularly HR in the public sector; (2) inadequate capacity and services for **person-centered differentiated services**, **especially for KPs** at public facilities (3) Limited availability of and ability to use **reliable epidemiologic and programmatic data,** including SI for KPs; (4) inconsistent delivery of **quality HIV services** across the care continuum and in laboratory services; (5) limited domestic technical capacity and HR on supply chain and management of eLMIS.

In ROP23, PEPFAR Burma anticipates that these challenges will continue but the program will still support strategies and fund activities that address these gaps, particularly those that enhance engagement with KP and CSOs as well as concomitantly advance health equity (Pillar One). PEPFAR Burma will provide TA to strengthen the institutional capacity of KP/PLHIV networks and CSOs through comprehensive capacity building activities that include ongoing mentorship and technical guidance on organizational development and program management skills to mobilize them for community-led HIV service delivery and advance community leadership and involvement in national level planning for sustainable HIV responses.

In addition, the program has supported regional platforms (e.g., for TG competent services) that will help better address KP needs. Above-site investments strengthen data collection and policies that impact health equity. The program's efforts to address other gaps through short- and longer-term interventions, particularly those related to systemic issues and sustainability, are reflected in the ROP23 Planning Activities for Systems Investment Tool (PASIT) and in increased targets for KP and young KP in the TST to help the program more effectively close gaps in HIV services.

In addition, and in ROP23, PEPFAR Burma will also introduce innovations linked to sustainability – a long-term program goal. More specifically, social contracting and strategic purchasing are essential strategies for sustainability. PEPFAR Burma will build on World Bank-led research and a pilot strategic purchasing program [REDACTED].The World Bank's efforts resulted in the creation of an operations manual, pricing approaches, etc. that can inform the design for an HIV-specific service delivery. As a next step, PEPFAR Burma will consider how to adapt this work to HIV services. PEPFAR Burma sees this ROP investment as part of a long-term process and of broader sustainability efforts. For ROP23 [REDACTED], the focus with this innovative approach is to work with non-public stakeholders to cultivate an understanding of the principles of social contracting and strategic purchasing as part of building capacity in-country and greater sustainability in collaboration with the private sector.

Funding / Investment profile

The HIV response in Burma is a mix of domestic and donor investment. According to the funding landscape analysis conducted for GFATM concept note development (2024-2026), Burma will have a significant funding gap for the next three years. The country needs to find additional investment to meet this funding gap. The total national investment in HIV for 2023 was US$ 97,264,181. Of this amount, 66% came from GFATM, 16% domestic funding, 13.46% from PEPFAR, 3.87% from Access to Health, 0.23% from UNAIDS, and 0.26% from UNICEF. For 2024, the domestic fund will contribute 100% of methadone (~ US$ 2 million annually) and 80% of antiretroviral drugs (ARV) (~ US$ 16 to 17 million annually) for HIV responses. However, GFATM is the largest donor and supports ART and other HIV commodities including test kits. PEPFAR, GFATM, and Access to Health are committed to coordinating their efforts to provide essential, lifesaving support services.

Pillar 3: Public Health Systems and Security

PEPFAR Burma sees Pillar Three (Public Health System and Security) as a cross-cutting issue

that helps strengthen local health systems. For ROP23, the program plans investments in cross-cutting areas that are linked to program results across the HIV cascade. More specifically, in ROP23, program investments will focus on:

- **Improving laboratory access and quality assurance (QA)**
- **Strengthening supply chain**
- **Promoting Person-centered care and integrated service delivery including TB and MH service**
- **Building capacity of health care workers and integration of community workforce to address HRH gaps**
- **Improving quality management**

Improving laboratory access and QA

Burma had a relatively high VLC of 72% in 2019. It dropped significantly in 2021 and 2022 to 21% and 28% respectively due to the political crisis and COVID pandemic. Since ROP21, improving VLC has been a key priority for Burma. In 2023, all VL platforms in the country are performing VL testing with limited staff. Additional VL platforms will be procured through GFATM support in 2024-2026 to address the increasing number of PLHIV on treatment, improve access to VL testing in remote locations, and replace a platform, which is going to be phased out at the end of 2023. In ROP23, PEPFAR will continue to collaborate with key stakeholders and technical working groups to address low VLC by providing necessary TA. Key technical areas will include: (1) strengthening laboratory-clinic interface to improve VL lab networking and optimizing sample referral flow; (2) capacity building of VL service providers from clinics and labs to resume routine VL tests for all eligible PLHIV clients; (3) outsourcing to private labs for urgent samples and (4) strengthening local capacity to implement expansion of National External Quality Assurance System (NEQAS) with the use of electronic Proficiency Testing and quality improvement initiatives for all VL platforms.

To improve low VLC issues [REDACTED], dried blood spot VL testing will also be promoted in 2023 with PEPFAR TA. In ROP23, PEPFAR plans to demonstrate task shifting initiatives for VL sample management with the support of PLHIV peers in selected regions to address operational gaps, particularly the limited staff at public sector clinics to manage VL sample referral and shipments. To improve treatment literacy gaps and reduce S&D, PEPFAR continues to routinize the U=U message through digital innovation on social media platforms, HCW training, and community sensitization activities including public campaigns. The program will also support

demand creation for routine VL tests through: (1) a VL reminder mechanism that relies on ART registers to identify eligible PLHIV clients; and (2) by building the capacity and interest of peer supporters for establishing a tracking mechanism.

Strengthening the supply chain

Since the 2021 coup and the COVID-19 pandemic, the PEPFAR Burma program has focused its TA on shoring up the country's supply chain and forecasting ability by addressing: an acute HR shortage that impacts the operation of the eLMIS system; a lengthy approval process for importation and in-country distribution; and ongoing conflict that poses significant operational challenges to creating a functioning, national supply chain system. The program has made clear progress linked both to the interim and the overall goals of the activity including having already met the interim FY 24 benchmark to support all 99 stores. In ROP23, PEPFAR Burma will continue providing TA and ensure functionality of eLMIS of 99 stores and potentially expand to additional townships. The program will also continue to provide TA in national forecasting, quantification, and supply planning exercise to ensure availability of HIV commodities, enhance ARV optimization plan (TLD transition, PrEP commodities, etc.), and provide an early warning of the stock status and shipment schedule review and facilitate the continuation of MMD amid ongoing importation and transportation challenges. The program will also provide capacity building training to the current and new supply chain workforce to rebuild supply chain HRH.

Promoting Person-centered care and integrated service delivery including TB and Mental Health services

Efforts for strengthening domestic technical capacity in management of HIV service delivery programs and supporting institutionalization of person-centered DSD models will remain a strategic priority for PEPFAR. In ROP23, PEPFAR Burma will provide TA to operationalize and increase uptake of updated national HIV clinical guidelines, which include the latest recommendations on AHD, optimized treatment regimens and algorithms, and address treatment interruptions and return to care by updating operational guidance, SOPs, job-aids, and national training curricula, and supporting capacity building programs for service providers. In close collaboration with public, private NGO/CSOs and KP/community networks, the program will promote person-centered approaches and DSD models best suited for the current country context (e.g., rapid ART initiation, MMD, TLD transition, decentralized drug distribution (DDD) utilizing community-based ART dispensing models, community adherence groups and peer treatment supporter networks to improve linkage to care, rapid ART initiation, treatment

continuity, adherence, and retention)

PEPFAR will strengthen critical coordination at the national and subnational levels among communities, service providers and the public sector, [REDACTED], to improve treatment continuity, scale up person-centered approaches, and ensure uninterrupted supply of ARV medicines. To scale up TB and HIV integrated interventions including TB screening among PLHIV on ART, TB Preventive Treatment (TPT) and infection prevention and control (IPC), PEPFAR Burma will closely work with stakeholders from both HIV and TB programs to strengthen collaboration between the two programs, operationalize updated TB/HIV guidelines by updating job-aids and tools, build capacity of HCWs, and develop a mobile application for TPT. Burma will also support the integration of MH services with HIV service delivery at the national level by executing a conceptual framework for MH integration, building capacity of peer counselors to provide MH integrated counseling, screening and referral, implementing a MHPSS program at PEPFAR sites and promoting MH services for young KPs. At site level, PEPFAR Burma has successfully integrated MHPSS at its service delivery points in ROP22 and will further strengthen MHPSS services at 17 strategically selected sites in ROP23.

Building capacity of HCWs and integration of community workforce to address HRH gaps

To address HRH gaps in the public sector due to the ongoing political crisis, PEPFAR Burma will support establishment of national level training programs to build capacity of service providers at both public and private (NGO/CSO) sectors and KP/community networks at both national and subnational levels. Tele-mentoring programs for service providers on HIV clinical management, MAT program, and HIV Laboratory services will be resumed and expanded for both public and NGO/CSOs. PEPFAR Burma will further invest in developing and maintaining a digital e-learning hub to build capacity of HCWs and community workforce in delivering quality HIV, TB/HIV, MAT, and laboratory services. To strengthen institutional capacity of community networks, Self-Help Groups (SHG) and CBOs, PEPFAR Burma will continue to support a comprehensive capacity building program which includes trainings on organizational development, technical capacity transfer, M&E, and data use skills training, second-line leadership development program, ongoing mentorship, and technical guidance to mobilize them for community led service delivery. In collaboration with key stakeholders, formalization and recognition of community led HIV responses will be supported to integrate community workforce as part of national HIV HRH plan.

Improving quality management

During the political upheaval of the past two years, PEPFAR's TA to public sector for Continuous Quality Improvement (CQI) practices could not be implemented to scale [REDACTED] at ART, MAT and Lab facilities and priorities were focused on not interrupting treatment continuity. [REDACTED] Along with new recruitment of staff at public facilities, in ROP23, PEPFAR plans to promote implementation of Service Quality Management System (SQMS) for ART and MAT facilities as well as laboratory quality improvement practices at both public and private NGO facilities. Rapid Test Continuous Quality Improvement practices through the use of Stepwise Process for Improving the Quality of HIV Rapid Testing checklist and HTS logbook analysis as well as the use of VL scorecard will be strengthened to improve the quality standard of POC labs from public and NGO sectors. Implementation of corrective action plans will be monitored with PEPFR TA support to ensure quality HIV testing services.

Pillar 4: Transformative Partnerships

In ROP23 and with the current context in Burma, PEPFAR Burma strongly believes that Pillar Four (Transformative Partnerships) is essential to improve program impact. Even before the coup and COVID-19 pandemic, national stakeholders including GFATM, WHO, and UNAIDS worked closely with communities impacted by HIV to reflect and prioritize their needs in their planning and implementation processes. To ensure maximum impact, organizations are actively aligning resources and interventions to ensure limited and/or no duplication of efforts. In ROP23 planning, all of these national stakeholders actively participated in the development of PEPFAR Burma's operational plan and the program will continue its focus on: (1) strategic alignment and close collaboration with the GFATM and all key stakeholders, particularly in the areas of sustainability planning and resource mobilization; (2) collaboration with multilateral organizations including WHO and UNAIDS to ensure cohesive national and regional level strategies and priority development processes; (3) partnership with UNAIDS and key affected communities to improve risk communication and structural interventions on legal, policy and social barriers; and (4) partnerships with the private sector to roll out HIVST through local pharmacy outlets and to outsource VL testing to private laboratories to fill service gaps in the public sector.

Pillar 5: Follow the Science

In ROP23, PEPFAR Burma will continue to support activities that bolster Pillar Five (Follow the

Science). More specifically, the efficacy of program interventions and results depend on accurate and timely data on all key affected populations. As noted above, national stakeholders requested more routine data on KP and KP sub-groups and the program requested and received additional funds ($200,000.00) through the health equity proposal to better address this request. In collaboration with stakeholders, including the UNAIDS and GFATM, PEPFAR Burma will provide TA to build domestic capacity on SI, HIV programmatic and epidemiological data availability and utilization by updating annual National HIV estimates for 2023 through a Spectrum modeling exercise, developing the National HIV progress report and the Global AIDS Monitoring (GAM) report for 2023, coordinating for National AIDS Spending Assessment 2021-2022 and leading SI technical working group to support coordination among stakeholders on SI and M&E of HIV responses. PEPFAR will continue strengthening HIV surveillance activities to generate and utilize surveillance data including information on KP and subgroups to characterize HIV epidemic in Burma and guide program planning. In ROP23, PEPFAR will provide TA for National HIV Surveillance Strategic Plan development, HIV Sentinel Serosurveillance (HSS) 2023, BBS and population size estimation of PWID, and integration of early warning indicator and drug toxicity monitoring into existing HIV treatment monitoring system.

At the site level, and in ROP23, PEPFAR will run a pilot project that demonstrates the efficacy of buprenorphine as an alternative to methadone that results in better outcomes for PWID. PEPFAR will also review the efficacy of PrEP among PWID in collaboration with UNAIDS and the London School of Hygiene and Tropical Medicine. Finally, the program will collect more routine data on KP, KP sub-groups, PLHIV and overlapping risk groups to strengthen program implementation and results. More concretely, data collection efforts will focus on individuals that may not currently access HIV services to better understand and tailor responses to effectively address their barriers. The information that is collected will complement data collected from current CLM efforts, BBS, and other surveillance activities.

Strategic Enablers

Community Leadership

Community leadership and greater involvement of PLHIV communities and key population networks in HIV responses is critically important to sustain HIV responses by filling resource gaps in the public sector, especially with the current ongoing political crisis. Community System Strengthening (CSS) activities in Burma have been historically supported by PEPFAR, GFATM,

and other programs. However, CSS requires a greater, sustained investment to enhance impact.

In ROP23, PEPFAR Burma will shift its investment to expand CSS interventions that empower and strengthen community networks and mobilize community-led responses at the national and subnational levels with a focus on leadership, organizational development, advocacy, coordination, resource mobilization and technical capacity, and increasing community-led service delivery through community/KP led organizations. In addition, PEPFAR Burma will support a CSS program review to improve the national CSS strategy and program design, strengthen coordination and collaboration with stakeholders for advocacy and resource mobilization to expand community led service delivery, and support meaningful participation of community representatives in national consultations for program planning and inclusion of community led responses in national guidelines and standard service packages.

CLM activities have been supported by PEPFAR starting in ROP21 by establishing a standardized mechanism to institutionalize CLM in Burma and integrating CLM with existing Community Feedback Mechanism, a community-based case reporting and response mechanism supported by the GFATM focusing on [REDACTED] HIV service-related issues. In ROP23, PEPFAR Burma will continue empowering the Community Network Consortium, a national consortium of 8 national PLHIV and KP networks, to lead and guide implementation of CLM through two local CSOs and expand CLM activities to 25 townships in high HIV burden states and regions. A review on CLM implementation in Burma will also be carried out to document best practices, lessons learned, key findings to utilize as evidence-based advocacy, and improve future CLM activities.

Feedback and advocacy meetings will be organized at the national and subnational level with relevant stakeholders to improve HIV program planning by utilizing results and suggestions from CLM. Through these meetings, community representatives will engage with key stakeholders and decision makers to agree upon corrective actions and advocate for necessary changes in policies and practices to adopt quality improvement initiatives and scale up person-centered approaches in HIV service delivery programming.

Innovation

PEPFAR Burma is committed to providing better person-centered HIV services. In ROP23, this commitment is reflected through both short-term and long-term strategies. For the short term, the program is focused on innovations that will result in better service delivery and

improvements in policies that will advance equity. As noted elsewhere, the program is offering one stop shop ART/MAT for PWID and running female PWID specific service centers as well as offering additional specialized services for the TG community. PEPFAR Burma will expand the community-led PrEP distribution points model, which was implemented in FY22 and resulted in significant improvement in PrEP uptake. PEPFAR will further improve DSD for PrEP by testing out PrEP notification system integrated into the national PrEP tracker tool, Tele PrEP, and a PrEP on Wheel models in ROP23. In partnership with a private pharmacy, PEPFAR Burma will expand HIVST through private pharmacy outlets. The program will also address the integration of MH services at a service delivery and at an above site (policy) level in ROP23.

PEPFAR Burma recognizes that community-led initiative is a vehicle for long term sustainability, especially for a resource limited country. In ROP23, PEPFAR will introduce a small-scale demonstration intervention to close the operational gap in lab-clinic interaction by promoting the role of PLHIV peers for their involvement in VL sample coordination and management. PEPFAR will document the success and challenges with this task-shifting intervention, which could be replicated and scaled up with other donor support.

In ROP23, PEPFAR Burma will also introduce innovations linked to sustainability – a long-term program goal. More specifically, social contracting and strategic purchasing are essential strategies for sustainability. PEPFAR Burma will build on World Bank-led research and a pilot strategic purchasing program [REDACTED]. The World Bank's efforts resulted in the creation of an operations manual, pricing approaches, etc. that can inform the design for an HIV-specific service delivery. As a next step, PEPFAR Burma will consider how to adapt this work to HIV services. PEPFAR Burma sees this ROP investment as part of a long-term process and of broader sustainability efforts. For ROP23 and given the current conflict, the focus with this innovative approach is to work with non-public stakeholders to cultivate an understanding of the principles of social contracting and strategic purchasing as part of building capacity in-country and greater sustainability in collaboration with the private sector.

Leading with Data

PEPFAR Burma's overall strategy and plan in ROP23 is to strengthen national HIV electronic data reporting system, District Health Information Software 2 (DHIS2), as part of the National Health Management Information System and continue supporting a national mechanism to collect HIV data periodically while improving quality of data, monitoring and reporting capacity to track progress of HIV responses, and increasing use of HIV data to address gaps and inform

planning at national and subnational levels. [REDACTED] Considering current infrastructure, capacity, and challenges to invest in eHealth and establishment of an integrated HIV SI system, in ROP23, PEPFAR Burma will focus on supporting maintenance and functioning of existing national HIV DHIS2 data reporting system and provide end-user capacity building trainings for report generation and data use. Data and reports generated from the national HIV DHIS2 system will also be utilized in developing national annual progress reports, GAM reporting, modeling exercises to update HIV estimates and inform HIV program planning. To promote data use, PEPFAR Burma will also build capacity of local CSOs and community networks on data management, data use and basic research skills to equip them with necessary knowledge and skills to manage their own data and community-based research activities.

Utilization of VL testing data through Laboratory Information Management System was very limited after the coup due to disrupted regular coordination mechanism until late 2022. In ROP22 and ROP23, PEPFAR TA will continue to pivot regular data review meetings at national level (via VL TWG meeting) and at subnational level in five regions (via quarterly program monitoring meeting) to timely address critical gaps, in collaboration with all key stakeholders, for improving access to VL testing. With the use of Laboratory Information Management System and programmatic data, PEPFAR will conduct follow-up VL networking exercises by optimizing sample referral flow to improve VLC with reduced result turnaround time.

Target Tables

Table 3: Target Table 1 ART Targets by Prioritization for Epidemic Control, Burma

ART Targets by Prioritization for Epidemic Control, Burma							
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) *TX_CURR***	**Newly Initiated Target (FY24) *TX_NEW***	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Scale-Up Aggressive	N/A	N/A	12,036	13,845	3,309	N/A	N/A
Total	N/A	N/A	12,036	13,845	3,309	N/A	N/A

Table 4: Target Populations for Prevention Interventions to Facilitate Epidemic Control, Burma

Target Populations for Prevention Interventions to Facilitate Epidemic Control, Burma				
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target**	**FY25 Target**
MSM	252,000	22,176	21,995	N/A
FSW	66,000	5,478	14,845	N/A
PWID	93,000	17,670	14,915	N/A
TG	N/A	N/A	3,245	N/A
TOTAL (KP_PERV Target)	**411,000**	**45,324**	55,000	N/A

Core Standards

The core standards include:

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.
    - ❖ The national operational guide for index testing has been developed and PEPFAR is providing TA on expansion of index testing implementation at national level. Index testing has been fully integrated at PEPAR supported sites

and in ROP23, PEPFAR will continue TA to expand implementation of index testing at GFATM partners' sites.

2. **Fully implement "test-and-start" policies.**
    - ❖ Policy adopted at national level, but implementation has been limited [REDACTED]. In ROP22, the national HIV clinical management guidelines are being updated and, in ROP23, the program will support the operationalization of the updated guidelines as well as implement test-and-start policy and rapid ART initiation while improving linkage to care. PEPFAR sites are practicing rapid ART initiation. [REDACTED]

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**
    - ❖ PrEP for MSM/TG was implemented in the Yangon region as a pilot project starting from July 2020. National PrEP SOP is being updated in ROP22 to incorporate the latest WHO recommendations and national PrEP expansion plan was approved for all KPs (MSM/TG/FSW/PWID) in PEPFAR priority regions such as Mandalay, Kachin, and Shan (North) and other regions including Shan (South), Ayeyarwady and Mon. In ROP23, PEPFAR plans to expand PrEP for FSW and PWID in additional PEPFAR sites. The National Strategic Plan (2021-2025) endorsed provision of free-of-charge PEP for occupational exposure and sexual violence victims and PEPFAR continues to advocate PEP for non-occupational exposure.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.
    - ❖ This is not applicable to PEPFAR Burma.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
    - ❖ There are currently no user fees for HIV services both PEPFAR and non-PEPFAR sites –or within the public and NGOs sectors. All HIV services, including MH services provided at PEPFAR sites, are free of charge.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity.**
    - ❖ Policy, strategies, and goals to address advancement of equity, reduction of S&D

[REDACTED] were set in the HIV National Strategy Plan (2021-2025). PEPFAR supports interventions to address S&D, punitive law, policies, and practices, and empower communities to advocate for their rights and implement critical community-led responses in addressing these issues.

7. **Optimize and standardize ART regimens.**
    - ❖ The DTG based regimen is available at the national level and at PEPFAR sites. DTG 10mg for children is included in the FY23 procurement plan and will be available starting from FY24. PEPFAR is also supporting the development of updated national HIV clinical guidelines with optimized treatment regimens and algorithms in ROP22 and will support uptake of these updated guidelines in ROP23.

8. **Offer DSD models.**
    - ❖ Six-month MMD has been adopted at national level [REDACTED]. DDD and DSD models are being carried out at PEPFAR sites and across the country with support from NGO/CSOs and community networks. Implementation of DSD models are prioritized in the GFATM proposal for 2024-2026 and PEPFAR Burma will provide TA and support to scale up DSD implementation at national and PEPFAR priority regions.

9. **Integrate tuberculosis (TB) care.**
    - ❖ At the national level, national TB/HIV integrated guidelines are updated to promote integrated TB care including TB screening among PLHIV on ART while improving access to TB lipoarabinomannan (LAM) services, and TPT. The National AIDS Program sets a target for TB screening among PLHIV on ART at 95% and plans to expand the shorter regimen (3HP) of TPT in 2024. PEPFAR implementing partners offer integrated TB screening and treatment (linkage to treatment) at its HIV clinics. All PLHIV are screened for TB with standard WHO recommended screening tools, and negative clients are offered TPT.

10. **Diagnose and treat people with AHD.**
    - ❖ National HIV clinical management guidelines include AHD management package for patients with CD4<200 or WHO stage 3 or 4 in adults and adolescents, and all children <5 years old not stable on effective ART, but there are challenges in

providing services for diagnosis and management of AHD including HR shortage and commodity supply problems. CD4 testing is also a challenge in Burma due to limited resources and many CD4 machines will be phased out soon. The country is planning to improve CD4 testing services to identify PLHIV with AHD by assessing the CD4 network and updating the CD4 testing plan, and PEPFAR Burma will provide TA as required. PEPFAR will support capacity building of newly recruited HCWs, establishment of referral pathways and expansion of telementoring and teleconsultation to improve AHD management.

11. **Optimize diagnostic networks for VL / Early Infant Diagnosis (EID), TB, and other coinfections**.
    - ❖ The national program plans to conduct follow-up partial diagnostic network optimization (DNO) exercise in ROP22 with PEPFAR TA for all HIV VL platforms. PEPFAR continues to collaborate with all VL key stakeholders to address low VLC of 28% in 2022 as an urgent issue and plans to provide additional TA efforts to improve VLC by strengthening the lab-clinic coordination system and empowering PLHIV peers for effective VL sample flow management.

12. **Integrate effective QA and CQI practices into site and program management.**
    - ❖ NEQAS for serology has been implemented with PEPFAR TA. NEQAS for VL will be piloted in ROP22 and expanded to all VL platforms in ROP23. CQI for public sector labs, ART and MAT clinics will be promoted in ROP23 with PEPFAR TA in priority regions.

13. **Offer treatment and viral load literacy.**
    - ❖ PEPFAR promotes U=U messaging through various channels such as social media, education materials, peer to peer, counselors, etc. PEPFAR also runs a dedicated social media campaign on U=U to enhance public awareness on HIV treatment and consequently reduces S&D toward PLHIV.

14. **Enhance local capacity for a sustainable HIV response.**
    - ❖ PEPFAR has been supporting capacity building activities for local NGO/CSO and community/KP networks and promoting advocacy and resource mobilization for local partnership and community leadership. KP-led and women-led organizations are supported by PEPFAR funding to deliver critical community-led

responses.

- ❖ Allocation for local NGO and CSO doing site level implementation represents approximately 64% of overall site level work and investments. Also, the NGOs and CSOs led major innovative DSD models on HIV prevention, care, and treatment for KPs.

15. **Increase partner government leadership.**
    - ❖ The domestic budget contribution for the HIV response for 2024 is maintained to support 100% for methadone drugs (USD 2 million) and approximately 80% of ARV drugs (USD 16 million) procurement.

16. **Monitor HIV related morbidity and mortality outcome.**
    - ❖ Policy adopted nationally but there are challenges to collect and monitor morbidity and mortality outcomes at national level [REDACTED]. Only a few NGOs could monitor treatment outcomes.

17. **Adopt and institutionalize best practices for public health case surveillance.**
    - ❖ Policy adopted nationally, [REDACTED].

USG Operations and Staffing Plan to Achieve Stated Goals

Over the last year, PEPFAR Burma filled one U.S. Direct Hire vacant position (CDC Country Director position). The USAID Technical Advisor position remains open, [REDACTED]. USAID has arranged coverage to fill the gap for this vacancy and requested additional support from HQ when necessary.

In planning for ROP23, Burma has reviewed its management and operation costs. Most costs remain static, and the program has been as judicious as possible and tried to identify some savings, when possible. In cost of doing business (CODB), the program anticipates costs for staff travel (particularly as staff are split across multiple locations), USG staff benefits and relocation costs for the new hire in ROP23.

APPENDIX A – PRIORITIZATION

Epidemic Cascade Age/Sex Pyramid

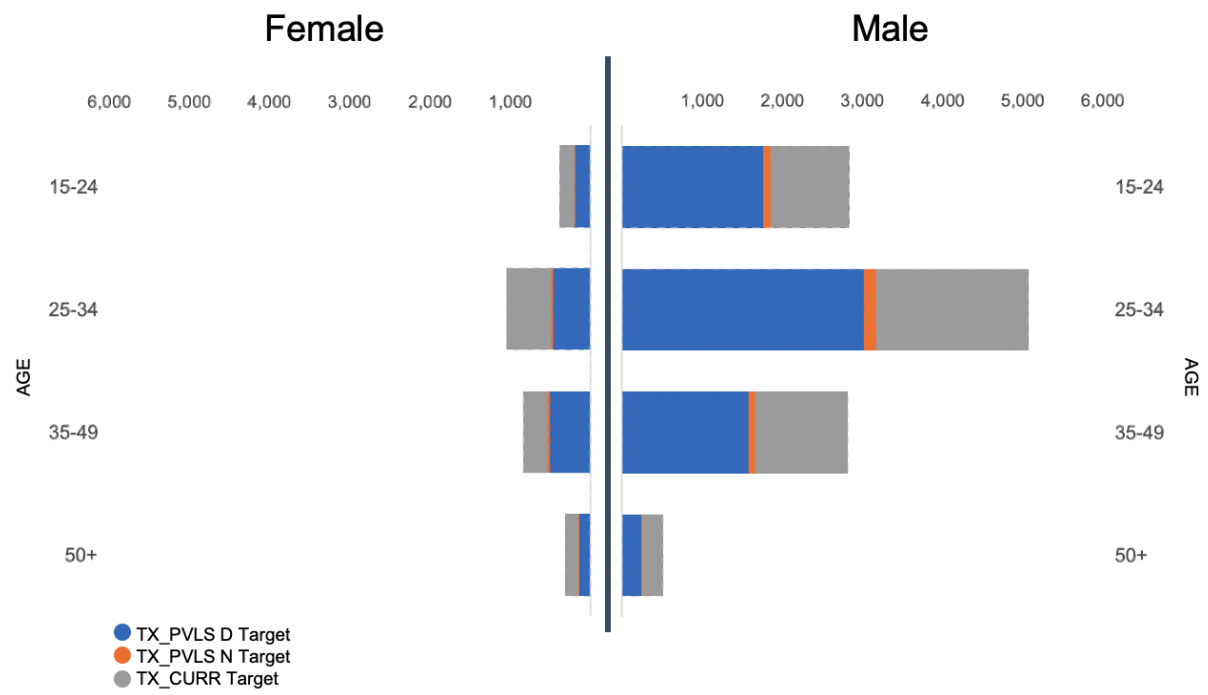

Figure 2: ROP23 Epidemic Cascade Age & Sex Pyramid, Burma

Note: There is no Burma's PLHIV data by age and sex available

APPENDIX B – Budget Profile and Resource Projections

Table 5: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Burma

Table B.1.1: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			$14,910,000	$15,110,000
Asia Region	Total		$14,910,000	$15,110,000
	Burma	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$232,067
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$110,000	$130,000
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$673,767	$814,734
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$192,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$1,199,700
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$1,220,532
		ASP>Procurement & supply chain management>Non Service Delivery>Key Populations	$90,536	$84,892
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$284,600
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$45,000	$1,203,839
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$1,033,590	$1,728,209
		C&T>HIV Drugs>Non Service Delivery>Key Populations	$20,811	$57,727
		C&T>HIV Laboratory Services>Non Service Delivery>Key Populations		$230,432
		C&T>HIV Laboratory Services>Service Delivery>Key Populations	$233,742	$281,639
		HTS>Community-based testing>Non Service Delivery>Key Populations		$287,071
		HTS>Community-based testing>Service Delivery>Key Populations		$236,231
		HTS>Facility-based testing>Non Service Delivery>Key Populations	$224,987	$281,326
		HTS>Facility-based testing>Service Delivery>Key Populations	$299,983	$327,065
		PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$24,400	
		PM>IM Program Management>Non Service Delivery>Key Populations	$1,381,658	$1,411,070
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$908,000	$812,000
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$1,123,534	$1,200,806
		PREV>Medication assisted treatment>Non Service Delivery>Key Populations		$60,000
		PREV>Medication assisted treatment>Service Delivery>Key Populations		$240,000
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$245,831
		PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		$452,727
		PREV>Not Disaggregated>Non Service Delivery>Key Populations	$272,735	$91,727
		PREV>Not Disaggregated>Service Delivery>Key Populations	$351,517	
		PREV>PrEP>Non Service Delivery>Key Populations	$608,224	$585,658
		PREV>PrEP>Service Delivery>Key Populations	$969,911	$1,000,248
		SE>Psychosocial support>Non Service Delivery>Key Populations	$124,043	$51,792
		SE>Psychosocial support>Service Delivery>Key Populations	$400,000	$166,077
			$8,013,682	

Table 6: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, Burma

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Operating Unit	Country	Program	Budget	
			2023	2024
Total			$14,910,000	$15,110,000
Asia Region	Total		$14,910,000	$15,110,000
	Burma	C&T	$3,428,203	$3,501,846
		HTS	$1,183,378	$1,131,693
		PREV	$2,361,215	$2,676,191
		SE	$524,043	$217,869
		ASP	$3,975,569	$4,158,525
		PM	$3,437,592	$3,423,876

Table 7: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, Burma

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			$14,910,000	$15,110,000
Asia Region	Total		$14,910,000	$15,110,000
	Burma	Key Populations	$10,321,633	$10,507,861
		Non-Targeted Populations	$4,588,367	$4,602,139

Table 8: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, Burma

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Operating Unit	Country	Initiative Name	Budget	
			2023	2024
Total			$14,910,000	$15,110,000
Asia Region	Total		$14,910,000	$15,110,000
	Burma	Community-Led Monitoring	$500,000	$470,000
		Core Program	$14,410,000	$14,440,000
		LIFT UP Equity Initiative		$200,000

B.2 Resource Projections

PEPFAR has engaged closely with stakeholders through coordination meetings, in-country stakeholder consultations, HIV program review and technical working group meetings to identify critical gaps and needs to sustain HIV responses in Burma. Through a funding landscape exercise for the GFATM funding request for 2024-2026 and resource alignment verification exercise for PEPFAR ROP23, available resources from multiple sources including domestic support were collected and funding gaps were identified. As the proposal development for the GFATM funding request and ROP23 planning process were happening at the same time, the GFATM and PEPFAR Burma team have come together to align the investments and maximize programmatic impact to support progress towards epidemic control.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

To determine PASIT investment strategy for Burma, PEPFAR Burma team consulted with key stakeholders including communities, multilateral organizations, and the GFATM to perform gap analysis and identify key health system gaps and activities that should be included in PASIT. The country conducted HIV programmatic and epidemiologic review at the end of 2022 followed by a series of national level consultations and a country dialogue to prioritize interventions, system gaps and investment for the GFATM funding request for 2024-2026. PEPFAR Burma team supported this review, participated in consultations, and also convened in-country stakeholder consultation meetings for ROP23 development in parallel to the GFATM proposal development process to strengthen collaboration and align the strategies and investment between the GFATM and PEPFAR. Based on the analysis of key system priorities with inputs from stakeholders, the country prioritized focusing on the following top three Resilient and Sustainable Systems for Health (RSSH) gaps: HRH, SI system and Laboratory systems in the GFATM funding request. For these areas, PEPFAR will provide necessary TA and the GFATM will support resources for implementation including human resources, infrastructure, and commodities. In addition to these top three key system investments, there also are other critical areas which require PEPFAR's investment to support sustainable health systems in Burma such as Supply Chain system, Quality Management system and CSS. According to the review findings and consultations, key gaps or challenges encountered across the systems include [REDACTED], expand person-centered approaches and DSD models especially tailored services for KP and sub-groups and improve service quality standard, limited data availability and utilization, lack of formal system to promote CSS and community led responses, lack of enabling environment for PLHIV and KPs, and low VLC due to HR gaps and commodity supply issues.

PEPFAR Burma's ROP23 PASIT activities are designed to address above key system gaps and challenges, and further strengthen critical systems to increase sustainability. Timelines, outputs, and outcomes for PASIT activities have been defined to be SMART to address the identified gaps of key health systems and support monitoring of progress on these investments.

In ROP23, PEPFAR Burma will address the following key system gaps with PASIT investment.

Human Resource for Health

To address HR shortage [REDACTED] and limited domestic technical and managerial capacity,

PEPFAR Burma will invest in establishment of capacity building programs including telementoring program, trainings in various technical areas for newly recruited staff from public sector, NGOs/CSOs and community workforce, and e-learning initiatives such as digital e-learning hub and telecounseling trainings. With TA from the PEPFAR program, national guidelines, operational guidance, training curricula, and job-aids will be updated to adopt latest global recommendations and support expansion and scale-up of person-centered services and DSD models for PrEP, prevention strategies, optimized HTS modalities, status neutral approach, rapid ART initiation, treatment continuity, retention, and adherence. PEPFAR Burma will also strengthen coordination at both national and subnational levels to address operational challenges that emerged from HR shortage and find solutions with inputs from stakeholders including service providers, NGO/CSOs and communities while promoting task shifting, DSD models, decentralized services and community led service delivery to address HRH gaps.

CSS and enabling environment

Enhancing CSS is a critical component of PASIT investment of PEPFAR Burma in ROP23 and mobilizing community led service delivery in collaboration with stakeholders aims to address human resources shortage and support sustainable HIV responses owned by communities. PEPFAR Burma's TA to promote community leadership and community engagement will promote community leadership in inclusive decision making for HIV program planning.

SI System

In ROP23, PEPFAR Burma will improve domestic capacity to generate and use SI by supporting 2023 AEM and Spectrum modeling exercise for HIV estimates, developing national HIV surveillance strategic plan, improving HIV surveillance activities including HIV sentinel serosurveillance and BBS and population size estimation of PWID in collaboration with GFATM, coordinating assessments on KP subgroups and providing data management, data use and basic research skills trainings for community/KP networks and CSOs. To promote data availability and utilization, PEPFAR Burma will strengthen National health management information system (HMIS) and support a functioning mechanism to collect and utilize HIV data periodically through maintenance of HIV electronic data reporting systems (DHIS2) as part of National HMIS, building capacity of local workforce on HMIS, development of national HIV progress and GAM reports for 2023, and coordinating National AIDS Spending Assessment 2021-2022. In addition to above HMIS support, other digital health activities in ROP23 include expansion of Drug Treatment Information System for medication assisted treatment (MAT), maintenance and modification of national PrEP tracker, improving linkage to care through a

mobile app, and developing a dashboard on findings from SQMS to improve service quality of HIV facilities. PEPFAR Burma's investment on digital health aims to support integration of above data systems (Drug Treatment Information System, PrEP tracker, Linkage to care app and SQMS dashboard) with HIV DHIS2 system and improving quality of program data to inform program planning and decision making.

Laboratory system

PEPFAR Burma continues to address low VLC issues in close collaboration with all key stakeholders for necessary resource mobilization and TA. PEPFAR TA aims to improve technical capacity of national laboratory workforce to scale-up routine VL testing services, monitor and improve VL testing uptakes through regular VL technical working group (TWG) meetings, enhance the country coordination mechanism to close clinic-lab interface at subnational level, and empower PLHIV peers to involve in VL sample management and follow-up supports to PLHIV clients for their retention in care and high VLS.

Supply Chain Management System

[REDACTED], the PEPFAR Burma program has focused its TA on shoring up the country's supply chain and forecasting ability by addressing: an acute HR shortage that impacts the operation of the eLMIS system; a lengthy approval process for importation and in-country distribution; and ongoing conflict that poses significant operational challenges to creating a functioning, national supply chain system. The program has made clear progress linked both to the interim and the overall goals of the activity including having already met the interim FY 24 benchmark to support all 99 stores. In ROP23, PEPFAR Burma will continue providing TA and ensure functionality of eLMIS of 99 stores and potentially expand to additional townships. The program will also continue to provide TA in national forecasting, quantification, and supply planning exercise to ensure availability of HIV commodities, enhance ARV optimization plan (TLD transition, PrEP commodities, etc.), and provide an early warning of the stock status and shipment schedule review and facilitate the continuation of MMD amid ongoing importation and transportation challenges. The program will also provide capacity building training to the current and new supply chain workforce to rebuild supply chain HRH.

Quality Management System: PEPFAR continues to strengthen national capacity to implement laboratory QA/Quality Improvement (QI) interventions by reinforcing implementation of CQI practices at public ART and MAT facilities. With PEPFAR TA, the electronic proficiency testing system has been implemented successfully for the HIV serology NEQAS [REDACTED],

with satisfactory result submission rate of over 90% and significant reduction in result turnaround time from 6 months with paper-based system to 2 months with electronic proficiency testing system in ROP22. In ROP23 PEPFAR TA plans to support expansion of the HIV serology NEQAS by enrolling additional POC testing sites. In Burma, there is a lack of HIV VL NEQAS for all POC GeneXpert platforms [REDACTED] and PEPFAR TA plans to fill this gap by setting up the HIV VL NEQAS, promoting the use of dried tube samples (DTS) panels and introducing the electronic proficiency testing system. HIV VL NEQAS will be established through a pilot phase in 2023 with further expansion in the following years with PEPFAR TA. PEPFAR Burma has developed and supported implementation of the SQMS for ART and MAT facilities. These SQMS tools help strengthen the quality of service facilities by monitoring whether ART/MAT facilities are able to provide minimum standard of care for their ART and MAT services as well as identify service gaps to develop tailored solutions for PLHIV and KPs. [REDACTED]. In ROP22 and ROP23, PEPFAR plans to support revitalization of SQMS activities for ART and MAT services including training of trainers for HCWs and newly recruited staff.

PEPFAR Cambodia

Vision, Goal Statement, and Executive Summary

PEPFAR Cambodia's overarching vision for ROP23 is data-driven, prioritizes KPs and community engagement, and aligns closely with PEPFAR's 5 x 3 strategy and Cambodia's National Strategic Plan. Progress toward UNAIDS 95-95-95 targets, currently at 86-99-98, has been impressive. We will address the first 95 by intensifying case finding and scaling up prevention to bend the curve on new infections. We will maintain treatment gains with a focus on closing equity gaps and advancing sustainability and country ownership.

Cambodia, one of the first countries to achieve epidemic control, aims to end the epidemic by 2025, five years ahead of PEPFAR's overall mission of ending HIV as a public health threat by 2030. To achieve this, Cambodia must reduce the number of new infections from 1,400 to fewer than 250 per year. A 2022 mid-term review of Cambodia's National Strategic Plan for HIV and STI Prevention in the Health Sector, 2021–2025, found that Cambodia has made significant progress but is unlikely to achieve its goal by 2025 without greater prevention efforts.

To find those PLHIV unaware of their HIV status, Cambodia must enhance and scale up innovative approaches for HIV prevention and testing, particularly to reach young MSM, aged 15-24 years. This shift is supported by data indicating that most (1000) of the 1,400 new HIV infections in 2022 were among men aged 15 years and older. In that age group, from 2010 to 2022, new infections among women declined by 72% while cases among men increased by 35%. In 2022, 83% of new HIV infections were among KPs and their clients or partners; 40% were among MSM and 12% among transgender women. Recency surveillance data from August 2020 through August 2022 showed that 33% of all new HIV diagnoses were among MSM, while a disproportionate 51% of recent infections were among MSM.

Most new infections were in younger age groups. Among men aged ≥15 years, 43% of new infections were in men aged 15-24 and 70% were in men younger than 30 years. Among women aged ≥15 years, 50% of new infections were in women aged 15-24 and 68% were in women younger than 30 years.

In 2022, approximately 2,000 children were living with HIV, among whom only 59% had HIV infection diagnosed. Children living with HIV (CLHIV) fall behind adults on several key treatment indicators; this health equity gap must be addressed. To do so, we plan to improve EID and increase the percentage of children receiving SDART, DTG, and MMD.

PEPFAR Cambodia will intensify its efforts to ensure an equitable and sustainable program and foster country ownership. To achieve this, Cambodia will foster a country-owned HIV response

that increases local partner and community engagement, and domestic resources for the HIV/AIDS response. We will increase the sustainability of Cambodia's HIV response, not just financially, but operationally across all facets.

PEPFAR Cambodia will provide TA to NCHADS and CSOs to meet national targets across the cascade (see PASIT for specific targets). PEPFAR Cambodia's TA approach centers on government leadership and seeks to build national systems for a country-owned response.

PEPFAR Cambodia supports a whole of government approach to sustainability. The Royal Government of Cambodia and partners jointly develop and support the Sustainability Roadmap. There is government ownership in all domains of the HIV response, except for health workforce, commodities and KP service delivery, for which GFATM shares primary responsibility. Regarding financial sustainability, PEPFAR budgets have steadily declined and shifted to above-site TA, including supporting greater domestic financing and social health protection. PEPFAR Cambodia is building government capacity to sustain high-quality services and a robust public health response, integrated into public systems, and improving equity by addressing program gaps and improving community-led and KP-friendly care and client feedback systems.

We will work with the National Committee for HIV/AIDS, Dermatology and STIs (NCHADS), the National AIDS Authority (NAA), and other partners to:

- Develop and implement NAA's NSP VI and National Policy on Ending HIV and ensure alignment with the NCHADS NSP, Sustainability Roadmap, and GFATM strategy
- Transition subnational budgeting and work planning to NAA
- Engage Ministry of Economy and Finance (MEF) and GFATM on technical direction of the GFATM grant and sustainable financing
- Speed up Health Equity Fund (HEF)/ID Poor enrollment and extend National Social Security Fund benefits to PLHIV and KP

PEPFAR Cambodia's three programmatic priorities for FY24 are: closing the gap in the first 95, improving equity, and advancing sustainability and ownership. Cambodia is close to ending HIV as a public health threat. With strong partnerships and collaboration with the Royal Government of Cambodia, civil society, UNAIDS, and the GFATM, PEPFAR Cambodia's contribution to the HIV response will move Cambodia closer to the finish line.

Table 9: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Cambodia

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Cambodia*										
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	15,552,211 M=7,571,837 F=7,980,374	0.5 (Adult,15-49 yrs)	75,586	64,948	64,932	100%	98%	28,968	4,564	4,478
Population <15 years			1,963	1,165	1,164	100%	89%	1,502	70	71
Men 15-24 years			3,716	3,507	3,506	100%	93%	3,910	1001	994
Men 25+ years			33,439	28,927	28,918	100%	98%	11,092	2,415	2,429
Women 15-24 years			2,677	2,236	2,236	100%	91%	3,605	225	172
Women 25+ years			33,791	29,113	29,108	100%	99%	8,859	853	812
MSM	93,400	5.5	5137					39,908	1,493	1,490
FSW	52,400	2.5	1,310					35,106	252	249
PWID	4,136	15.2	628					484	1	1
TGW	15,900	11.7	1,860					7,327	436	434

Data source	General Population Census of the Kingdom of Cambodia 2019	AEM 2022	AEM 2022	NCHADS Program VCCT data 2022	NCHADS Program ART data 2022	NCHADS Program ART data 2022	NCHADS Program ART data 2022	NCHADS Program VCCT data 2022	NCHADS Program VCCT data 2022	NCHADS Program ART data 2022

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

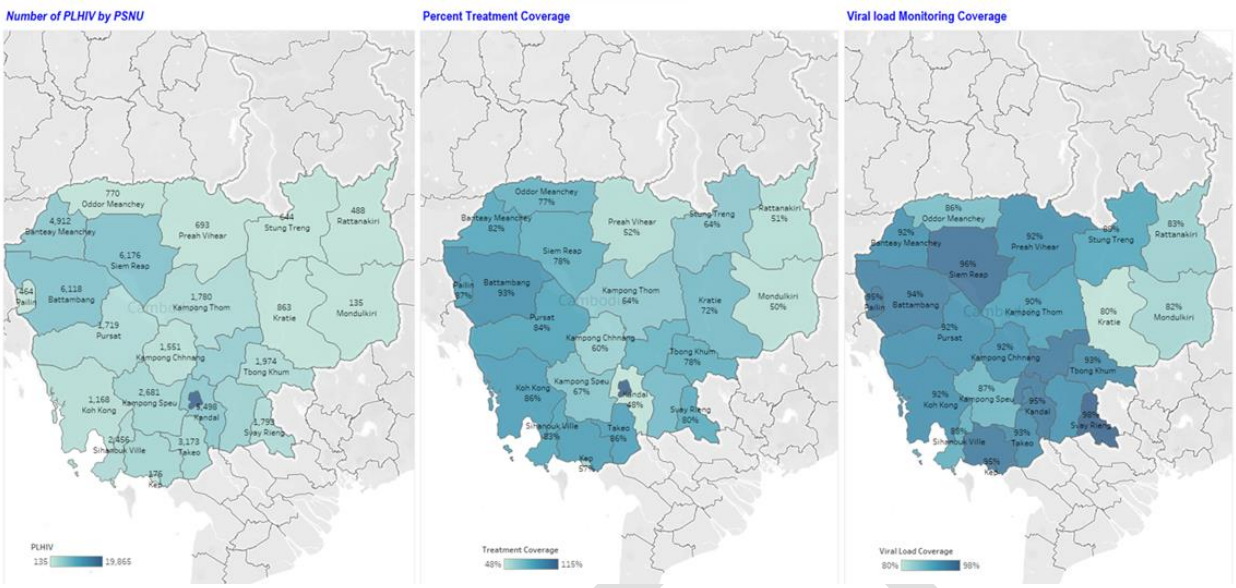

Figure 3: Treatment coverage by province, Cambodia

Note: percent treatment coverage was 115% in Phnom Penh, the capital city, due to more migrants from the provinces

Table 10: Current Status of ART Saturation, Cambodia

Current Status of ART Saturation, Cambodia				
Prioritization Area	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Total National	75,586	64,932	25	25

Pillar 1: Health Equity for Priority Populations

For ROP23, PEPFAR Cambodia will improve health equity for priority populations through investments that meet the needs of young KPs and close gaps in prevention, testing and treatment for children and adolescents. PEPFAR will improve KP-friendliness of services, increase PrEP uptake and retention, reduce self-stigma and provider discrimination among KP, and improve CLM.

Compared to prior years, PEPFAR Cambodia will increase focus on young KP, who are most at risk for new infections. This includes delivering new approaches for online outreach, designing mental health interventions, improving PrEP retention, and new approaches for PrEP delivery such as tele-PrEP and CAB-LA. We will also provide TA to CSOs and coordinate with GFATM

to improve outreach targeting to KPs at highest-risk and reduce repeat testing of low-risk HIV-negative clients. This will free up resources to increase higher-yield approaches of index testing, network testing (PDI+), virtual outreach, and HIVST. We will also work with the national program to develop a cadre of Youth MSM peer advisors and adapt existing services to be more youth friendly. We will improve the use of the National Prevention Database and other data to understand risks driving new infections and better design outreach interventions. Finally, we will increase SDART to ≥90% of adult PLHIV and ≥70% of CLHIV, transition to a DTG-based regimen in ≥80% of adult PLHIV and ≥70% of CLHIV and ensure that 25% of adult PLHIV and 10% of CLHIV routinely receive 6-month MMD (In FY22, only 10% of all PLHIV and 4% of CLHIV received 6-month MMD). Many children with newly diagnosed HIV had either not had HIV diagnosed as an infant or had HIV diagnosed and were not treated or stopped treatment. Their HIV is diagnosed when they present with an OI, in which case their treatment (SDART) may be delayed. Furthermore, mother and child appointments may not be aligned so appointments may not be kept. Finally, forecasting and supply of pediatric ARV dosage are not optimal. To address these issues, we will work with NCHADS, especially the logistic and supply management TWG, to ensure the availability of pediatric ARV at ART clinics, and regularly review the performance of pediatric HIV care through the CQI forum and site monitoring.

Pillar 2: Sustaining the Response

The NAA and UNAIDS, in collaboration with PEPFAR and key stakeholders, developed a Transition Readiness Assessment and Sustainability Roadmap in December 2018. In 2022, the Sustainability Roadmap was revised through NAA and UNAIDS leadership, with significant stakeholder input. The new roadmap identifies 10 key risks and 24 actions to mitigate risks of donor withdrawal during the period of 2023-2030. Recommended actions include the need for donors to provide long-term phase out plans, to carefully plan for the transition of donor-funded and contract staff to government systems; to advocate for social contracting for KP-focused CSOs; and to implement SorChorNor213 (the policy on sustainable financing for HIV), including expanding social health insurance coverage for PLHIV.

In 2018, the Cambodian government committed to fund 50% of the response by 2023 but will not meet that goal. The latest data shows that in 2022, the government funded 18% of the response, mainly through spending on ARVs and salaries. PEPFAR funded 17% while GFATM was the main contributor at 51%. In ROP23, PEPFAR will support the government to track progress towards this goal through the next National AIDS Spending Assessment. In ROP21 and ROP22, PEPFAR supported domestic resource mobilization at the subnational level

through TA to provinces and communes on resource needs estimation, budgeting, and work planning.

During ROP23, PEPFAR will support implementation of selected actions from the Sustainability Roadmap, particularly the expansion of health insurance (HEF and the National Social Security Fund) coverage for PLHIV. PEPFAR will also increase integration of HIV into the health system, by expanding integrated HIV and non-communicable disease (NCD) services and supporting the new addition of mental health services for PLHIV and KP.

In ROP22 and ROP23, PEPFAR will support and engage with NAA on key strategies and analyses, including the National Policy to End HIV/AIDS by 2025, the 6th National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2024-2028), and the 6th National AIDS Spending Assessment.

Pillar 3: Public Health Systems and Security

PEPFAR Cambodia is committed to supporting a sustainable, nimble national public health system for HIV and other public health threats. To maintain gains made in the HIV response, we will continue to build capacity of NCHADS and CSO staff in data management, community outreach, KP sensitization, and quality of care across the cascade and ensure that HIV pre-service training is up to date.

Person-centered care will continue to be a cornerstone of PEPFAR Cambodia's response in ROP23. We will support models integrating HIV and NCD, including hypertension and mental health, tailoring evidence-based approaches for our country context.

We plan to provide multiple levels of support to the National Institute of Public Health (NIPH) and NCHADS, including capacity building on HIV/infectious diseases research and developing public health leaders who prioritize health equity and reducing HIV/KP S&D. Further, we will strengthen the lab quality management system nationwide, including preparing and obtaining international accreditation for NCHADS and Siem Reap laboratories, assisting the national public health lab (NPHL) to become the NEQAS provider, and developing genomic surveillance to detect and monitor the spread of emerging and re-emerging pathogens, alongside NIPH.

Finally, we will expand, institutionalize, and increase interoperability of the Master Patient Index (MPI)/HIV Case Surveillance with HMIS, and support increased use in the public sector and piloting in the private sector.

Pillar 4: Transformative Partnerships

PEPFAR will assist key private sector associations and clinics to implement a system for certifying the quality of HIV services in the private sector. PEPFAR will also help private pharmacies to increase commercial sales of HIVST and ensure pharmacists are trained on HIVST and referrals. PEPFAR will also engage directly with GFATM to ensure continued alignment on strategy and technical priorities, and we will continue providing TA to GFATM SSIs. For example, PEPFAR will continue dialogue with GFATM and partners on how to increase the effectiveness of outreach, prevention, and testing programs to meet the first 95.

Pillar 5: Follow the Science

PEPFAR Cambodia, aligned with NCHADS, re-affirms the commitment to evidence-based and data-driven programming in ROP23. As mentioned above, we will support NIPH and NCHADS to define future research agendas and build capacity in SI, data use, MPI, and quality improvement. We will continue supporting design and implementation of public health research, surveillance (including recency), evaluation, and size estimation (e.g., MSM/TG Integrated Biological and Behavioral Surveillance Survey (IBBS)) to monitor and nimbly respond to changing HIV epidemiology.

To address more expeditiously the first 95, we will use data to understand the populations most affected by HIV and tailor interventions accordingly. For example, we will build counseling skills of PNTT and VCCT staff, helping them create trusting dialogues to elicit and track HIV risk factors, especially among KP aged 15-24 years old and persons with newly diagnosed HIV. We will also do a deep dive analysis of HIV risk factor data from the National HIV Prevention Database. New strategies to reach KP for HIV testing and status-neutral care in ROP23 will include using social media metrics and behavioral science findings from focus group discussions with KP and additional analyses. We will also analyze outcomes data and scale-up the highest impact case finding approaches (virtual, index, HIVST, social network) to optimize case finding through a balanced mix of modalities.

As part of combination prevention, PrEP remains a critical intervention. PEPFAR Cambodia will increase new and retained PrEP clients by paving the way for new PrEP product introduction (e.g., CAB-LA, DVR) as well as leveraging findings from a drop-out analysis to keep clients in care.

Strategic Enablers

Community Leadership

PEPFAR Cambodia does not implement CLM but provides above-site TA to the National program, CSOs, and KP networks for nationwide roll out of the Patient Feedback System (PSF) and Community Scorecard systems. PEPFAR provides capacity building of PLHIV and KP Networks to enhance their participation in QA/QI discussion forums at community, provincial and national levels.

Stakeholders were invited to participate in ROP development through two consultative meetings, on March 10 and April 21. In addition, four key stakeholders, including one CSO representative, were invited to the ROP23 planning meeting in Bangkok.

Innovation

PEPFAR Cambodia has worked to identify innovations with the potential to achieve key national program goals. For example, in ROP21 and ROP22, PEPFAR supported the country to launch CBO-led PrEP delivery, adapted from the Thai model. This successfully accelerated the uptake of PrEP among KPs, accounting for 30% of PrEP_NEW in Q4 FY22. PEPFAR Cambodia will further scale this model during ROP23. In ROP23 Cambodia will test new innovations for outreach and prevention, for example, mental health integration, tele-PrEP, and CAB-LA acceptability.

Leading with Data

The MPI is the national HIV patient-level data system that is led and owned by the government. PEPFAR Cambodia along with other local stakeholders are investing in this single integrated data system to inform HIV prevention, treatment, program management, and planning. The new system will bring together all HIV program data in one location, overcoming challenges of manual consolidation to allow for real-time data visualization. This will ensure data availability for clinical and public health impact wherever and whenever needed. National-level program managers will be able to retrieve data on individual patients across the cascade from HIV testing to treatment and VLS. Importantly, the system can provide appointment reminders and track whether patients are lost-to-follow-up or receiving care at another site.

The ROP23 strategy for strengthening the MPI includes creating a unique identifier for each patient enrolled in HIV services to identify patients at each step in the cascade; providing support to monitor the overall function, including data import, direct data entry, calculated indicators, standard reports, data visualizers for dashboards, and system administration and maintenance; and continuing to support routine data management activities for data collection,

entry, and analysis as well as improving data quality and data security. With an eye toward sustainability, PEPFAR Cambodia will build capacity of the national team to independently manage the system.

Target Tables

PEPFAR Cambodia does not have a site-level program, and therefore the target tables are not applicable.

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.
    - ❖ PEPFAR Cambodia has incorporated safe and ethical index testing into the PNTT and VCCT programs. The key components of safe and ethical index testing have been implemented, including WHO's 5Cs, offering an HIV test to children <19 years who have an HIV-positive biological parent, and IPV assessment, with ongoing reinforcement at national trainings and field visits. We plan to work with NCHADS to generate data on HIV test offer coverage among children of an HIV-positive biological parent and the proportion of KP clients asked about children and the proportion of those children tested if their status is not known.
    - ❖ From January to December 2022, partners were only elicited in 44% of index clients and only 60% of notified partners were tested. In ROP23, we will focus on improving partner elicitation and testing notified partners by improving counseling skills to create a trusting environment for partner disclosure, providing on-site coaching, enhancing KP-friendliness at the site-level to promote facility-based testing, and offering self-testing as another option for partners.

2. **Fully implement "test-and-start" policies.**
    - ❖ Cambodia adopted WHO's July 2017 Rapid ART Initiation Guidelines and started test-and-start in late 2017, with national implementation by 2019. (https://www.nchads.org/wp-content/uploads/2021/01/V10-ARTSameDay-14June19-EN.pdf) As of December 2022, 93% of newly diagnosed adult PLHIV and 57% (https://www.nchads.org/wp-content/uploads/2021/01/V10-ARTSameDay-14June19-EN.pdf) children (<14 years old) PLHIV initiated ART

within 7 days. Cambodia will address this inequity in children by providing TA to pediatric providers, educating caregivers, and ensuring that pediatric drug supply is stable.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**
    - ❖ We will work with the national program and NGOs to enhance combination prevention outreach and testing, targeting young and high-risk KPs including MSM, TGW and FEW. PEPFAR will finetune digital outreach approaches, using behavioral science and social media user data; increase PDI+, virtual outreach testing, and HIVST; and reduce repeat testing of low-risk HIV-negative KP. In addition, we will support the national program to expand PrEP services in all HIV high burden areas, targeting young and high risk MSM and TGW. We will roll out online, community-led PrEP, and lay the groundwork for introduction of injectable PrEP, intensify demand generation to increase PrEP uptake and improve PrEP retention.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.
    - ❖ This is not applicable to PEPFAR Cambodia.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
    - ❖ All HIV services, including PrEP, testing, and treatment are offered in public and NGO sites at no cost. In addition, all PLHIV are eligible for the HEF, which exempts them from all user fees for other health services in the public health system. PEPFAR will support implementation of this policy in ROP23 to ensure that PLHIV enroll in HEF.

6. **Eliminate harmful laws, policies, and practices that fuel S&D$_i$ and make consistent progress toward equity.**
    - ❖ In Cambodia, S&D is an ongoing concern. We will collaborate with the government to train health care providers on non-discrimination, work with CSOs to increase KP participation through the community scorecard and patient feedback systems, build capacity of PLHIV and KP Networks to enhance their participation in QA/QI discussion forums at community, provincial and national levels. In addition, we will work with CSOs operating at the community level on

interventions to reduce self-stigma among KPs, such as mental health support. UNAIDS, using USAID regional funding, will also provide TA to the government to develop and implement a national action plan for the elimination of HIV-related S&D.

7. **Optimize and standardize ART regimens.**
    - ❖ DTG-based regimens have been introduced and implemented in Cambodia since early 2019. When pediatric DTG became available in February 2022, Cambodia adopted WHO recommendations and started using pediatric DTG among CLHIV aged ≥4 weeks and weighing 3 kg.
    - ❖ As of December 2022, 69% of PLHIV on ART are using TLD (including women of childbearing age), and 35% of pediatric patients are on DTG-based regimens. Cambodia will continue TLD transition to reach the Oct. 2023 target of DTG-based regimen transition achieved in ≥80% of adult PLHIV and ≥70% of CLHIV.
    - ❖ PEPFAR Cambodia will provide TA to the national and sub-national levels to plan, implement, monitor, and troubleshoot DTG implementation, with specific focus on closing the gap among children living with HIV. Please see Pillar 1 narrative for detailed information on what will be done differently to close the gap.

8. **Offer DSD models.**
    - ❖ The first SOP for multi-month ARV dispensing was launched in 2020; this was revised in January 2023 with PEPFAR support to address MMD inequities for children living with HIV. The SOP "On Same-day PrEP Delivery by Community-Based Organizations for Key Populations in Cambodia" was launched in January 2022. As of December 2022, 77% of adult PLHIV and CLHIV were on ≥ 3-month MMD. In ROP23, we will reach 25% of adult PLHIV and 10% of CLHIV who routinely receive 6-month MMD (In FY22, only 10% of all PLHIV, 4% of CLHIV received 6-month MMD although percentages receiving ≥ 3-month MMD were much higher).
    - ❖ PEPFAR Cambodia with NCHADS is actively monitoring implementation of these SOPs, ensuring that differentiated care models are equitably accessed by young people, KPs, and other priority populations across the country.

9. **Integrate TB care.**
    - ❖ PEPFAR Cambodia has provided TA to NCHADS and NTP, mainly on TPT,

which is integrated in the ART clinic. As of December 2022, the cumulative completion rate of TPT in PLHIV was 74% and the cumulative pediatric TBPT completion rate was 79%. Challenges identified by the TB/HIV program include forecasting and availability of TPT drugs at ART sites.

- ❖ In ROP23, we will continue to provide TA to NTP and NCHADS to ensure sufficient TPT medicines are available at ART clinics. We will organize a TPT annual workshop to review performance, develop an action plan to address the challenges, and conduct site supervision of low-performance sites.

10. **Diagnose and treat people with AHD.**
    - ❖ CD4 testing remains a challenge in Cambodia because of the age of the CD4 machines (FACSCount), currently older than self-live is >8 years. Because CD4 is an essential tool for identifying people with AHD, PEPFAR Cambodia continues to advocate for routine baseline CD4 testing at all ART clinics.
    - ❖ In ROP23, PEPFAR Cambodia will map availability of CD4 testing in all ART sites nationwide, pinpointing which sites have gaps, transition CD4 testing to a new platform (to be determined) at eight ART clinics and use rapid CD4 tests (VISITECT) at some remote ART clinics. We will also include AHD indicators for both adults and children for routine review.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections.**
    - ❖ Two laboratories in Cambodia test for HIV VL, one at NCHADS and another at Siem Reap provincial hospital. In 2022, VLC was 83% (51,798/62,670) with turnaround times within 10 days for 53% (6,918/13,099) in Q4, below the national target of 95%. The low VLC and delay in turnaround times was due to the shortage of VL sample collection materials and financial support for sample transportation from ART sites to VL testing centers. In ROP23, PEPFAR Cambodia will continue to work with NCHADS and partners to address those challenges by regularly conducting a deep dive to low performance sites and address problems identified and ensuring laboratories have enough budget for samples transportation as well as VL sample collection materials.
    - ❖ EID is only performed at NCHADS' laboratory that serves the entire country, which results in lengthy turnaround times (19 days, which exceeds the national target of 14 days) and delayed HIV diagnosis for children. To overcome this, NCHADS, GFATM, Clinton Health Access Initiative (CHAI) and PEPFAR

Cambodia have been piloting the use of point-of-care VL testing for EID using GeneXpert in 15 sites. In ROP23, PEPFAR Cambodia will work with NCHADS and CHAI to scale up 20 ART sites in addition to the current 15 sites.

- In ROP23 PEPFAR Cambodia, with financial support from GFATM, we will transition CD4 testing to a new platform (to be determined) at eight ART clinics and use rapid CD4 tests (VISITECT) at some remote ART clinics.

12. **Integrate effective QA and CQI practices into site and program management.**
    - CQI has been implemented since 2012, with national scale-up. In June 2021, CQI indicators were updated to include SDART, MMD, and TLD transition. The third revision that includes interlink active case management and CQI. This version is in the process of getting approval.
    - In ROP23, PEPFAR Cambodia will work with the national program to include NCDs and pediatric indicators, to monitor for and ensure equitable HIV outcomes in this population.

13. **Offer treatment and viral-load literacy.**
    - With PEPFAR Cambodia support, programming to improve knowledge on VL and U=U among healthcare workers, public health authorities, and PLHIV started in 2019 and was nationally scaled in December 2020. This included print media and video clips. (https://www.nchads.org/wp-content/uploads/2020/10/Final-Documentation-of-UU-knowledge-08-Jul-2022.pdf) In ROP23, PEPFAR Cambodia, in conjunction with NCHADS and civil society, will expand U=U messaging to KP, young people, and the public at large to combat HIV S&D and normalize HIV/VL testing and treatment. Materials will be updated to reflect the newest international guidance, through community-informed modalities (e.g., social media, etc.).

14. **Enhance local capacity for a sustainable HIV response.**
    - Cambodian institutions exhibit strong ownership over the HIV response. PEPFAR (through CDC) directly provides funding to the national government through cooperative agreements to strengthen and improve sustainability of systems for HIV case finding, laboratory, SI (including case and recency surveillance) systems; to foster program management and leadership skills for public health professionals; to innovate for sustainable HIV service delivery; to strengthen

laboratory quality assurance and capacity for anticipating and responding to emerging public health needs and translating evidence to policy and action. KP-led organizations are leading CLM efforts, with TA from PEPFAR. PEPFAR does managerial, financial, and technical capacity building to national and subnational government and CSOs with the aim of institutionalizing efforts for a sustainable country-led response.

15. **Increase partner government leadership.**
    - ❖ The national program is largely owned by the government (NCHADS), with prevention services owned by local NGOs/CSOs and funded by the GFATM. PEPFAR TA continues to build government capacity and leadership in multiple areas, including quality assurance, KP-friendly care, SI, surveillance, and laboratory systems.
    - ❖ Subnational governments increasingly own the response, as evidenced by increasing domestic funding for HIV in high-burden Fast Track City provinces. PEPFAR has supported subnational governments to increase funding and implementation of HIV activities through ROP22. This work will transition to NAA starting in ROP23.

16. **Monitor morbidity and mortality outcomes.**
    - ❖ With PEPFAR support, NCHADS documented causes of death among PLHIV in Cambodia in late 2021, which included TB (first), heart disease (fourth), and cervical cancer (eleventh). PEPFAR Cambodia provides TA to the national HIV program to use the results to improve screening and prevention measures for preventable deaths such as due to TB, hypertension, or cervical cancer.
    - ❖ PEPFAR Cambodia is supporting updated data collection tools and quarterly reporting forms to better track morbidity and mortality among PLHIV. Key indicators related to common NCDs such as cervical cancer and hypertension will be included in the 2024-2025 for better monitoring and programmatic decision making.

17. **Adopt and institutionalize best practices for public health case surveillance.**
    - ❖ Since 2019, PEPFAR Cambodia, GFATM and partners have supported NCHADS to develop a new web-based DHIS2 system, MPI. which will link records across the five legacy databases using a unique identifying code.

- Currently, 25 provinces have imported data through 2019, but for Phnom Penh and Siem Reap provinces, data is being imported monthly. There have been updated scripts for entering data from new clients/records from both the VCCT and ART databases. NCHADS had conducted step-down trainings on system access, data analytic tools and data visualization, and DHIS2-direct data entry to users; piloted direct data entry at five VCCT sites; and lastly migrated Amazon Web Services storage to Linode.
- In ROP23, PEPFAR Cambodia will continue TA to NCHADS to complete the MPI in >50% of 72 ART clinics. PEPFAR Cambodia will continue to build the capacity of NCHADS to manage, edit, customize, and implement the system with appropriate data security for sustainability of the system.

USG Operations and Staffing Plan to Achieve Stated Goals

The PEPFAR team in Cambodia is small but strong, with team members committed to collaborative interagency planning, budgeting, management, and reporting processes. The management team consists of the USAID Public Health and Education office Director, the CDC Country Director, and the Deputy Chief of Mission. The technical team consists of nine locally employed positions and one USPSC. Additional local staff offer support on administration, finance, and budgeting. Over the past three-years, given the shrinking budget, PEPFAR Cambodia has maintained the same staffing footprint in which each staff member participates on multiple program areas to ensure appropriate staffing levels for a TA country. As a small team, all technical team members contribute to interagency business processes, partner management, and technical roles.

We have faced a challenge filling the HIV Prevention Specialist (locally employed staff (LES)) position which has been vacant for over a year. With a portfolio that includes HIV testing services and recency surveillance and the public health response, this is a critical position as we work to close the gap in the first 95. In addition to their own full-time assignments, other staff have been covering the Prevention Specialist responsibilities during our ongoing efforts to fill the position. We have gone to the fourth announcement through U.S. Embassy Phnom Penh Human Resources. We found two candidates who qualified, but our current salary and benefits did not match the candidates' expectations. Because the fourth round did not find any qualified candidates, we and HR agreed to post a fifth-round internal announcement to hire from within. If unsuccessful we will explore other options, such as reclassifying the PD.

There are no new positions proposed in ROP23.

Given the flat funding amount, there are no major changes to CODB in ROP23. All the costs are budgeted similarly to ROP22.

APPENDIX A – PRIORITIZATION

Epidemic Cascade Age/Sex Pyramid

This is not applicable to PEPFAR Cambodia.

APPENDIX B – Budget Profile and Resource Projections

Table 11: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Cambodia

COP23 & Year 2 FAST Dossier — SDS Appendix B - B.1.1 Intervention - Table B.1.1: COP22, COP23/FY 2...

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$6,530,000**	**$6,530,000**
Asia Region	**Total**		**$6,530,000**	**$6,530,000**
	Cambodia	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$369,973	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$440,000
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations		$50,000
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$516,346	$300,000
		ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations	$280,000	
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$280,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$810,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$990,000
		ASP>Public financial management strengthening>Non Service Delivery>Key Populations		$130,000
		ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$370,000	$320,000
		PM>IM Program Management>Non Service Delivery>Key Populations	$70,000	
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$920,000	$770,000
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$1,390,532	$2,440,000
			$2,613,149	

Table 12: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, Cambodia

COP23 & Year 2 FAST Dossier — SDS Appendix B - B.1.2 Program Area - Table B.1.2: COP22, COP23/FY 2...

Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$6,530,000**	**$6,530,000**
Asia Region	**Total**		**$6,530,000**	**$6,530,000**
	Cambodia	ASP	$4,149,468	$3,320,000
		PM	$2,380,532	$3,210,000

Table 13: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, Cambodia

COP23 & Year 2 FAST Dossier — SDS Appendix B - B.1.3 Beneficiary - Table B.1.3: COP22, COP23/FY 2…

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			**$6,530,000**	**$6,530,000**
Asia Region	**Total**		**$6,530,000**	**$6,530,000**
	Cambodia	Key Populations	$1,730,000	$940,000
		Non-Targeted Populations	$4,800,000	$5,590,000

Table 14: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, Cambodia

COP23 & Year 2 FAST Dossier — SDS Appendix B - B.1.4 Initiative - Table B.1.4: COP22, COP23/FY 2…

Operating Unit	Country	Initiative Name	Budget	
			2023	2024
Total			**$6,530,000**	**$6,530,000**
Asia Region	**Total**		**$6,530,000**	**$6,530,000**
	Cambodia	Core Program	$6,530,000	$6,530,000

B.2 Resource Projections

As a TA-only, above-site program, PEPFAR Cambodia seeks to fill gaps in the national cascade and assist the national program in meeting key targets to end AIDS as a public health threat by 2025. PEPFAR Cambodia, in close consultation with NAA, NCHADS, UNAIDS, partners and civil society identified key activities necessary to achieve these aims. PEPFAR Cambodia developed budget estimates for these activities, based on prior year expenditures and with input from implementing partners. In addition, as part of the GFATM grant cycle, GFATM estimates resources from all sources, including government, GFATM, USG and other donor estimates, against the total funding needed to implement the National Strategic Plan.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

For ROP23, major systems barriers were identified through the 2021 SID, stakeholder engagement and key national strategic documents, such as the Sustainability Roadmap and mid-term review of the National Strategic Plan. These include a gap in the first 95 particularly for young KP, slow expansion and retention of PrEP (currently 53%), equity gaps in the 2nd and 3rd 95s, insufficient voice and power of local communities, fragmented surveillance system, high out of pocket spending on non-HIV health care, poor private sector engagement, and lack of capacity among national and provincial level staff and civil society in key areas. PEPFAR Cambodia prioritized systems gaps in consultation with the national program, UNAIDS, GFATM, and other key stakeholders to ensure alignment and avoid overlap or duplication. Priority activities include TA to the National Program and CSOs across the cascade and in key systems including laboratory, surveillance, private sector accreditation, health insurance, and community-led monitoring. Most PEPFAR investments will support systems that are country owned and led. Several systems are jointly dependent on PEPFAR and the host government or other local institutions. As an above-site only program, PEPFAR Cambodia uses a TA approach in close partnership with the national government to address the systems gaps noted in the PASIT tool. Further detail on systems gaps, planned investments, timelines, benchmarks, and outcomes can be found in the PASIT tool.

APPENDIX D – Optional Visuals

Figure 4: Overview of 95/95/95 Cascade, FY23, Cambodia

Source: NCHADS Program Data

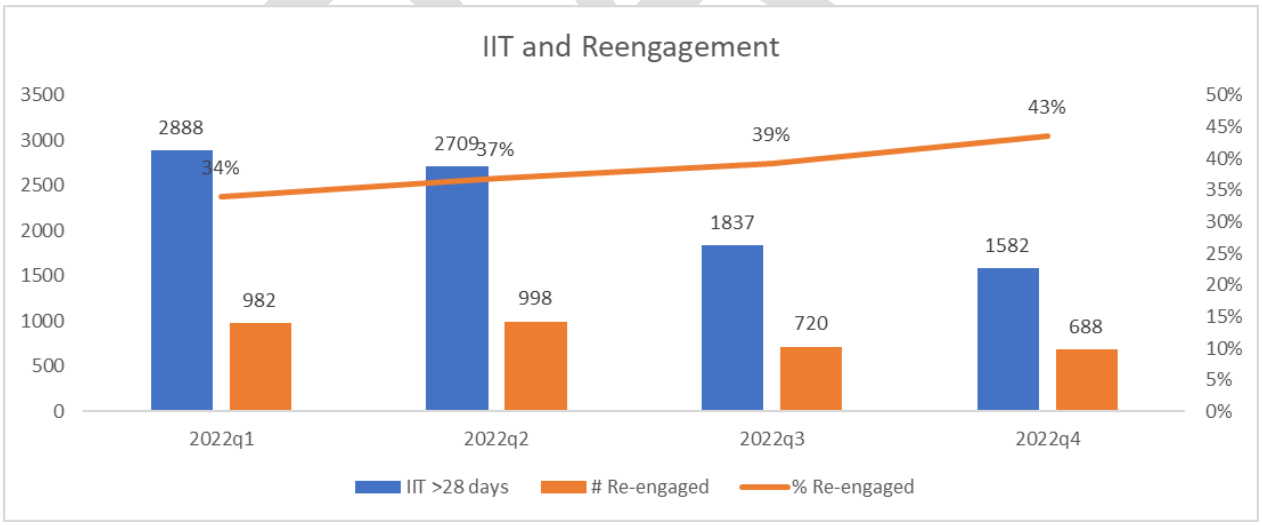

Figure 5: Clients Gained/Lost from ART by Age/Sex, FY22 Q4, Cambodia

Source: NCHADS Program Data

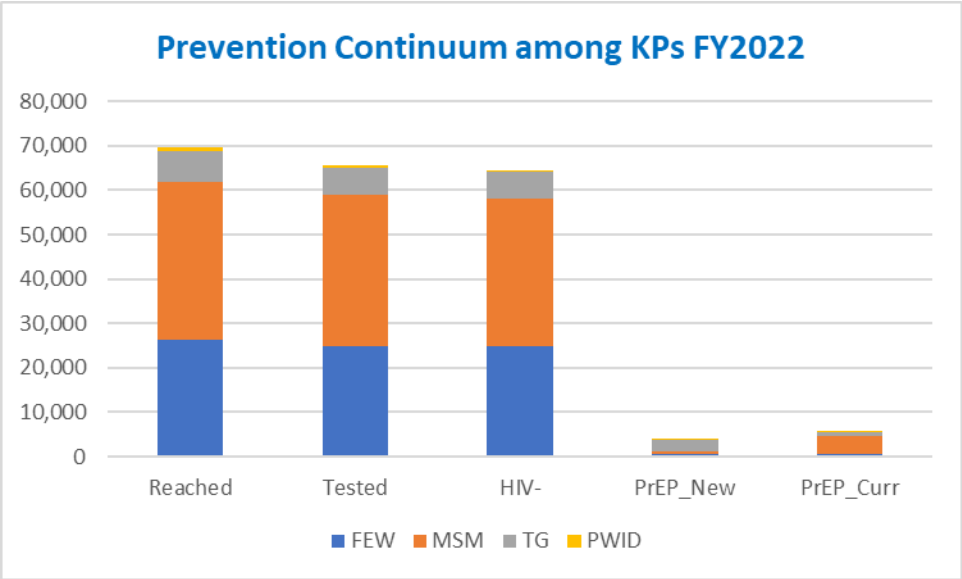

Figure 6: Prevention Continuum by Key Population Group, Cambodia

Source: NCHADS National KP Prevention Database

PEPFAR India

Vision, Goal Statement, and Executive Summary.

India is at 77-84-85 and PEPFAR India is aligned with National AIDS Control Program to address gaps in the cascade through a health equity lens with evidence-based, person – centered service delivery, leveraging key synergies through transformational partnerships. In ROP23, we will continue to scale core standards around evidence-based programming and close gaps to support comprehensive prevention, case finding and linkage, DSD treatment strategies, lab system strengthening including expanding VLC and STI services. We will use data for impact through a CQI lens, strengthen communities' systems and ability to monitor the program response, expand PEPFAR's transformative partnerships across diverse stakeholders including the private sector, and work with all stakeholders to reduce S&D. PEPFAR India will continue to provide impactful TA in coordination with the national and state governments in the highest burden and prevalence geographies, working across the prevention to treatment cascade at site level while providing above site support in SI, community system strengthening, private sector engagement, lab system strengthening and data for decision making.

India has 2.4 million people estimated to have HIV with a prevalence of 0.21%. Despite a low overall prevalence, India has a concentrated epidemic with a high burden reported in key population groups and specific geographies. The HIV prevalence (%) among PWID, MSM, TG, FSW, and prison inmates is 9.03, 3.26, 3.78, 1.85, and 1.93 respectively for 2021. Geographically, the states of Mizoram, Nagaland, Manipur, Andhra Pradesh, and Telangana occupy the top 5 spots for HIV prevalence in India at 2.70, 1.36, 1.05, 0.67, and 0.47 respectively against the national average of 0.21, while Maharashtra and Andhra Pradesh occupy the first two slots for absolute number of PLHIV in India. States with increasing trends in estimated PLHIV per million population, 2021, include the NE states of Tripura, Meghalaya, Arunachal Pradesh, Mizoram, and Assam. PEPFAR India provides site or above-site level support in all of these impacted states.

Between 2010 to 2021, India has shown remarkable progress in a decline of new infections by 46% and a decline in mortality by 76%; against the global average of 32% and 52%, respectively. In this regard, PEPFAR India has partnered with the Government of India (GOI)in the demonstration of core standards including treat all, multi-month dispensation, decentralized ART services, DTG-based ARVs, the systematic tracking and tracing people who have interrupted ART through *Mission Sampark*, expanded case finding through index testing and enhanced peer outreach, person -centric care for priority populations including case-based

management for OVC and SNS, differential prevention models and expanded comprehensive prevention strategies including quality low threshold harm reduction , and the generation of evidence through provision of PrEP and self-testing in the private sector through online and offline service delivery platforms. Since 2018, with PEPFAR support, the GOI has fully operationalized 64 public sector VL laboratories and continues to expand VL access.

The GOI has led in anti-stigma policies in the last decade including the HIV/AIDS prevention and control Act of 2017, the Immoral Traffic Prevention Act for sex workers, the decriminalization of homosexuality (overturning section 377), the Transgender Persons Protection of Right Act in 2019, all leading to an improved enabling environment for equity. To strengthen the informatic and digital ecosystem, PEPFAR India has partnered with the GOI to improve HIV estimates and key areas of surveillance to strengthen program impact. With this strong foundation, PEPFAR India will continue to provide TA to close gaps in health equity, and support progress in ending HIV as a public health threat by 2030.

Moving forward, the National AIDS Control Program (NACP) Strategy Phase V (2021 – 2026) identifies 5 goals under the larger goal of 'breaking silos and building synergies': to reduce annual new infections by 80%; to reduce AIDS related mortality by 80%; to eliminate the vertical transmission of HIV and syphilis; to promote universal access to quality STI or reproductive tract infection services; and to eliminate HIV/AIDS related S&D. PEPFAR India's 5 x 3 strategy is aligned with the NACP V strategy around the scale up of core standards with fidelity and the expansion of innovative service delivery platforms to close gaps across the cascade.

In ROP23, PEPFAR India will continue impactful evidence-based interventions to expand (1) comprehensive prevention, (2) a strategic and optimized mix of case finding, (3) interventions to decrease treatment interruptions (differentiated service delivery models), (4) data use for impact and continuous quality improvement, and (5) lab system strengthening to expand equity for priority populations. Building on the strong support to community system strengthening and CLM, PEPFAR India will further generate and consolidate learnings towards informing an integrated scale-up of the CSS framework, as well as real-time CLM. In addition, and in consultation with the GOI and communities, PEPFAR India has identified key priority programmatic shifts in ROP23 to accelerate the response.

These are:
(1) focus on young KPs with intersectional risk,

(2) expand core standards within and outside PEPFAR supported geographies, with an expanded focus on 11 additional high prevalence districts in the States of Maharashtra (7) and Telangana (4), and

(3) focus on sustainability through expanded community engagement in financing, integration, and CLM.

Table 15: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, India*

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*, India										
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	1,399,179,585	0.21	2,401,284	1,856,426	1,556,026	84%	85%	23,523,568	122,588	*94%*
Population <15 years	346,635,660	N/A	69,808	N/A	- N/A	- N/A	- N/A	- N/A	- N/A	N/A -
Men 15-24 years	128,971,926	0.22	1,317,842	969,951	789,931	91%	VLC: 499,543 VLS: 417,258	- N/A	- N/A	- N/A
Men 25+ years	409,702,725							N/A -	- N/A	N/A -
Women 15-24 years	115,506,902	0.19	1,083,441	886,475	766,095	86%	VLC: 506,077 VLS: 435,475	N/A -	- N/A	- N/A
Women 25+ years	398,362,372							-- N/A	- N/A	- N/A
MSM	357,000	3.26	11,638	6,239	5,799	93%	- N/A	436,000	1,103	*952*
FSW	890,119	1.85	16,467	10,897	10,202	94%	- N/A	1,230,000	1,048	*893*
PWID	179,341	9.03	16,194	9,442	8,601	91%	- N/A	242,000	2,557	*1,825*
Priority Pop: TG	70,000	3.78	2,646	1,745	1,642	94%	- N/A	85,000	324	*297*

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

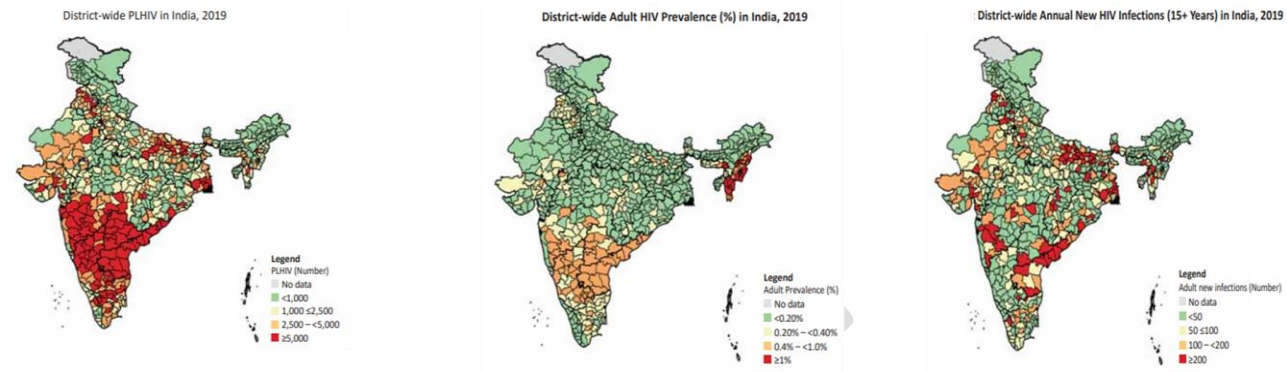

Figure 7 Maps including district wise PLHIV (2019), district wise Adult HIV Prevalence (2019) and district wise Annual New Infections (2019), India

Table 16: Current Status of ART Saturation, India

Current Status of ART Saturation, India				
Prioritization Area	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Scale-up: Aggressive	652,421/100%	390,078	6	6
Total National	**652,421**	**390,078**	**6**	**6**

Pillar 1: Health Equity for Priority Populations

The USG plan for ROP23 in India aligns with NACP V to harness resources to address gaps and inequities in the cascade, especially among priority and vulnerable populations including children, young people and KPs. In partnership with the GOI, PEPFAR India will continue to put communities at the center to support and inform innovative service delivery strategies for improved health equity. In ROP23, PEPFAR India will continue to expand person-centered services through integration and convergence across the prevention, testing and treatment continuum. We will build on innovative person-centered solutions by identifying diverse entry points to care. We will continue the expanding work in CLM to inform service delivery access, coverage, quality, and barriers to care including stigma.

Priority programmatic shifts to reach 95-95-95 build on impactful evidence-based interventions in comprehensive prevention, (including PrEP), testing (including index testing, social network testing and other innovative case finding approaches such as online-offline, online-online, integrated care outreach), treatment (with a focus on decreasing treatment interruptions), data

use for impact and lab system strengthening. The programmatic shifts are (1) focus on youth and young KP with intersectional risk, (2) expand core standards within and outside PEPFAR geographies, and (3) focus on sustainability by broadening health financing with a focus on CBO, private sector, and the national health mission. With the size and diversity of India, these themes will be tailored to the geographic region to ensure effective implementation, with a vision to transfer lessons to the national program for adaptation.

PEPFAR India will continue to expand comprehensive prevention and the scale-up of a mix of case finding strategies based on science. Non-HIV entry points will be utilized to enhance HIV testing, given the magnitude of reach across other service delivery platforms and community reach, under the national health mission.

PEPFAR India will continue to provide peer-led and family-centric care for OVC - including children and adolescents infected and affected by HIV/AIDS, as well as their siblings and caregivers. Adolescents living with HIV navigate their challenging developmental stages, coping with HIV, stigma, orphanhood and bereavement, increased poverty and food insecurity, adherence to HIV treatment and disclosure challenges, putting them at risk for poor mental health and significant burden to their development. To overcome this gap, PEPFAR India will provide comprehensive health care and services to young adults aged 10-17 years, focusing on peer-led programming addressing disclosure and stigma-related personal and family issues, psychosocial support, screening for adolescent-related HIV risk behavior, and safeguarding children's rights and empowering them against exploitation and violence. PEPFAR India will close gaps across the pediatric cascade, scaling index testing services with fidelity and expanding the family centric DSD strategy to decrease interruptions in treatment. Specific areas of focus include expanded DSD models for key population, children and families; training and HR rationalization to ensure C/ALHIV have close follow up both at facility as well as through expanded community outreach under the OVC program; expanded M&E at the district and sub district level, using data for impact, case management and regular review meetings; and expansion of pediatric CLM (which is part of the Health Equity LIFT proposal). Ensuring VLC for CLHIV is critical and PEPFAR India will continue to build on the successful hub and spoke models to support care quality for CLHIV. PEPFAR India will continue to demonstrate child and adolescent friendly ART, community-integrated and stand-alone centers supporting person-centered service delivery, through a holistic lens of clinical and non-clinical package of services as needed. Telehealth will be supported through Centers of Excellence and an expanding network of private providers.

PEPFAR India will close gaps for KP, including young KP with a focus on diverse entry points to care to increase access and equity and bolstering KP community leadership. PEPFAR India will work with GOI in building a national framework to address youth and adolescents based on youth leadership and engagement, expanded partnerships, job opportunities, mental health, and technology. To further this, PEPFAR will implement social and sexual network models to reach 15-24 years individuals, adopt a priority sub-national unit (PSNU) approach to reach out to the unreached, strengthen coordination with line ministries, leverage primary prevention services from health and wellness centers, and new strategies such as health on bike for service delivery in hard-to-reach areas. Key innovations in ROP22, to be expanded in ROP23 include evening clinics for FSW, virtual friendly integrated counseling and testing sites, one stop centers (serving adolescents, college-going youth, out of school youth, PWID and TG, and people in sex work), support for transgender Centers of Excellence, health on bike (motorbike outreach for remote communities), border package of services for people who migrate, community-led e pharmacy platforms, and virtual outreach, with improved online to offline conversion to inform national scale-up.

PEPFAR India will continue to expand integrated services for TG/Hijra community, including gender-affirmative care. PEPFAR will expand low threshold harm reduction in geographies with PWID-driven epidemics, such as the NE states of Mizoram, Manipur and Nagaland and provide above-site support to neighboring NE states with increasing epidemics. In ROP23, PEPFAR India will continue to work with the GOI on CQI for low threshold harm reduction and expand status neutral approaches to reach all KP including young PWID for both comprehensive prevention (NSP, MAT, PrEP, condoms etc.) and treatment. Expanded testing and treatment for viral hepatitis will be accomplished through partnerships with the National Viral Hepatitis Control Program. PEPFAR India will continue to expand transformative partnerships with community and faith-based organizations to increase service coverage.

The GOI has released a roadmap for the elimination of parent to child transmission of HIV and syphilis. PEPFAR India will work in collaboration with the GOI and multilaterals such as UNICEF, WHO and UNAIDS towards this end. Specifically, PEPFAR India will support the development of guidelines, M&E and supervision plan, roll-out and implementation of the first phase of elimination in high priority states.

PEPFAR India will continue to address stigma and structural barriers in ROP23 to fully realize health equity. In line with the 10-10-10 Global UNAIDS strategy, PEPFAR India is committed to partnering with the GOI, UNAIDS and communities to recognize and dismantle structural

barriers. Synthesizing lessons from enacted, anticipated, and internalized stigma among PLHIV and KP, PEPFAR will specifically address care avoidance among KP and PLHIV due to stigma. PEPFAR will align efforts with the UNAIDS agenda of Global Partnership for Action (Global Partnership) along with National Aids Control Organization (NACO) in the lead, to eliminate all forms of HIV-related S&D faced by PLHIV through the implementation of the PLHIV Stigma 2.0 Index, based on the rollout experiences in the South and Southeast Asia region.

Through the Asia Regional LIFT UP funding opportunity, PEPFAR India proposes a focus on KP youth under the age of 25 to advance health equity among this critical population at risk. Through a series of KP youth-led listening exercises and stakeholder conversations at the national level and in the states with disproportionate burden, we will develop an inclusive sustainable roadmap for improved service access. Goals will include addressing intersectionality of risk in addressing an expanded service package and the expansion of a youth network (cadre) informing service delivery efforts. This funding will leverage existing PEPFAR activities as part of the larger programmatic shift to reach high risk young people.

Pillar 2: Sustaining the Response

As the NACP is a domestically funded HIV response, with over 95% from the GOI, PEPFAR India demonstrates and implements sustainable approaches for direct translation and scale up within the national program. PEPFAR India provides technical support and capacity building to scale and sustain the impact of core standards as the program is more broadly integrated into the national health response.

The NACP V strategy highlights breaking silos and building synergies through integration and convergence across health systems. Given that the HIV response is domestically funded, PEPFAR India aligns TA with GOI and multilateral investments. PEPFAR India will continue to demonstrate strategies to fast track integration and convergence to improve person-centered efficient service delivery. Successful examples in ROP22, to be scaled in ROP23 include

- the integration of viral hepatitis testing and treatment into routine care at ART centers (Andhra Pradesh)
- the integration of hypertension and diabetes screening and management at the ART centers (Mumbai, MH, Telangana)
- the integration with robust referrals and linkages for FSW and women living with HIV for cervical cancer screening (Andhra Pradesh and Mumbai)
- the expansion of advanced disease management package of services through

demonstration of point-of-care testing for cryptococcal antigen and TB LAM testing (Mumbai)

- the one stop integrated centers for TG health (Manipur, Telangana, Andhra Pradesh, Maharashtra)
- the expansion of PrEP service delivery among KP and discordant couples (Maharashtra, Telangana, Andhra Pradesh)
- virtual HIV service delivery platforms including teleconsultation for PrEP and HIV service delivery (Maharashtra, Telangana, pan-India),
- the decongestion of ARTCs through partnerships with private medical colleges (Maharashtra, Telangana, Andhra Pradesh)
- expanded referrals for young persons' mental health, nutrition and SRHR support from Department of Child Health and Ministry of Women and Child Development (Manipur, Maharashtra, Telangana),
- expansion of one stop centers for youth and women who inject drugs
- expansion of diagnostic network optimization for improved VL access through hub and spoke strategies
- integration of HIV in training curricula of National Health Mission staff

Additionally, PEPFAR India has worked to strengthen community networks, KP/PLHIV led CBOs toward sustainable participation in the national HIV response through systematic investment in organizational development, community system strengthening, revenue diversification and innovative financing. In ROP22 there have been successful examples of KP CBOs, PLHIV-led CBOs diversifying into social enterprise which will also be strengthened in ROP23. PEPFAR will work closely with young KP and PLHIV networks in ROP23 to strengthen their state and local networks and develop the 2nd line of community leadership. Taken together, PEPFAR India programming is aligned with GFATM partner plans, and rooted in sustainability through optimized workforce development towards a resilient health system.

PEPFAR program builds capacity of local and regional institutions to sustain impact. In ROP23, PEPFAR India will continue to provide TA to nodal institutions such as Strategic Expertise Technical Units (SETU), District Integrated Strategy for HIV/AIDS (DISHA) units, Centers of Excellence, and state and district level bodies. By working with a variety of nodal bodies across national, state and district levels, PEPFAR India supports the broader strategic alignment to scale core standards with fidelity while leveraging investments across partners. The GOI funds

over 95% of its domestic response, hence PEPFAR India focuses on capacity development and health system strengthening through innovations that can be easily adapted and scaled through the existing institutional mechanisms. In ROP23, core elements of the responsibility matrix will be scrutinized to document shifting responsibilities in the sustainability index dashboard.

Pillar 3: Public Health Systems and Security

PEPFAR India works to strengthen national health systems for HIV, working with national and regional public health institutions in support of a resilient and informed health system. With multilateral partners, PEPFAR India works with the GOI in the calculation of HIV estimates, KP estimates including community-led, programmatic mapping and population size estimation and sentinel surveillance for prisons, district estimates, and surveillance for new emerging epidemics. Key shifts in ROP23 include the addition of biomarkers to the national surveillance program including STI and viral hepatitis testing.

As NACO strengthens its ties with the National Health Missions, PEPFAR will strengthen a person-centric approach so beneficiaries can get an efficient range of health services outside of their HIV service needs. PEPFAR will continue to support NACO to include mainstreaming strategies to support capacity building, supportive supervision with key departments and ministries including MOH's National Health Mission, Ministries of Social Justice, Women and Child Development, Tribal Affairs, and Education, ensuring better coordination on co-morbidities with HIV to enhance service delivery, integrated messaging on risk communications, linking with social protection schemes and community outreach.

PEPFAR India is a key contributor to lab system strengthening as part of public health systems. To date, 64 public sector VL labs are online with PEPFAR support. In ROP23, key areas in lab system strengthening include quality assurance of diagnostic services, with the goal of accreditation of all labs in the HIV program (inclusive all national and state reference labs, VL labs and EID labs) in collaboration with GFATM partners. Additional areas of focus include STI lab network strengthening, dual HIV/syphilis testing, expanded DSD for VL access (hub and spoke), expanded diagnostic network optimization, access to POC testing for advanced disease management, expanded collaboration with the national health mission for NCD, and support for STI surveillance as part of integrated and expanded epidemiology program.

PEPFAR India supports the GOI in the development of national and state action plans with a

focus on scaling core standards and integration and convergence across public health systems. In ROP22, PEPFAR India demonstrated strategies to integrate and scale services to address comorbidities (HTN, cervical cancer, viral hepatitis, mental health, DM) and will continue to innovate around integrated service delivery solutions in ROP23.

PEPFAR India will continue to transfer catalytic models by leveraging the national health mission and state health directorates. This convergence can especially be seen through health and wellness centers, the school health program, and safe spaces created for at-risk adolescents.

Pillar 4: Transformative Partnerships

PEPFAR India builds core partnerships with the GOI, GFATM Partners, communities, faith-based organizations, private sector, and multilaterals to accelerate the response. Key areas of success specifically include the partnering with the National AIDS Control Program on leadership development and capacity building of the private sector to improve quality of care with improved reporting to the national informatic systems.

PEPFAR India has strong partnerships at the national level with multilaterals such as UNAIDS and WHO along with other UN cosponsors who are involved in these areas. In addition to a technical partnership under ROP23, the team meets often to plan for common advocacy areas including assessment of structural, legal, and policy barriers for closing 1st 95 gaps, comprehensive prevention (including PrEP), testing (including self-testing), treatment, frameworks and delivery platforms for implementation of stigma index 2.0., elimination of vertical transmission, frameworks on HIV -comorbidities and NCDs, models of care for HIV and aging including ADM, and treatment literacy.

PEPFAR India works with the National AIDS Control Program in the provision of TA in SI and applied epidemiology. Through PEPFAR's work with UNAIDS and WHO, we will continue to provide support to the NACP in national, district and KP size estimates, integrated bio-behavioral surveillance, mapping and population estimates for KP (including populations in the virtual space) and HIV sentinel surveillance to help guide the response. Bringing the teams together, PEPFAR India supports the NACP in the expansion of the integrated and enhanced surveillance and epidemiology framework to include STIs and related comorbidities in the next phase of NACP towards the attainment of 2030 Sustainable Development Goal of ending AIDS

as a public health threat.

Core partnerships are key to integration and convergence of services. In ROP22, we have demonstrated the impact of transformational partnerships (Directorate of Medical Education, National and State governments, PEPFAR, private sector, and community) in the delivery of cervical cancer screening in Andhra Pradesh to reach FSWs and women living with HIV. Another example, in partnership with Resolve to Save Lives, showed how screening and treatment for hypertension could be integrated into a high load ART center in Mumbai. Taking cue from much of the telehealth work emerging from the COVID-19 pandemic, there have been partnerships forged with the national viral hepatitis program and the National Health Mission for hepatitis screening, vaccination, and treatment, starting from the ART center as the care entry point. In ROP22, we partnered with colleges to set up peer-led youth centers for HIV prevention and testing (Aizawl, Mizoram). We have expanded our partnerships with faith-based organizations through messages of hope (Manipur, Nagaland, and Mizoram) and will continue to expand opportunities for service delivery through faith-based organizations. In ROP23, we will scale these efforts across PEPFAR-supported geographies.

PEPFAR India has demonstrated how CSOs can create successful social enterprise models leveraging funding through diversified sources (Maharashtra, Telangana). These diverse social enterprise revenues can give CSOs the autonomy and flexibility they need to serve their communities sustainably, while also providing a new way to make mission-aligned impact. Using innovative financing methods such as blended financing and the social stock exchange, PEPFAR India will continue to explore ways to strengthen these enterprises with planning, financial modeling, market analysis, go-to-market strategies, and hiring for growth. PEPFAR India will continue to engage with private providers across all PEPFAR geographies for expanding clinical support on PrEP, PEP, STI and ART.

Under the guidance of the National AIDS Control Program, PEPFAR India demonstrated exceptional coordination with GFATM partners during the height of the COVID-19 pandemic, ensuring that PLHIV received ongoing ARVs despite lockdowns. Additionally, PEPFAR India worked in tandem with communities to ensure other services were received including dry rations, MAT (buprenorphine), and other social services provided by state and local governments. Innovations emerging from the pandemic, in coordination with GFATM partners, are now being reconsidered more systematically, including the provision of telehealth/digital health, take home dosing for MAT, and other DSD models through one stop centers. In ROP23, PEPFAR India will continue to work with GF partners to scale core standards with fidelity and to

align and coordinate resources for maximal impact.

Pillar 5: Follow the Science

PEPFAR India has provided leadership in the routinization of granular site analysis at the site and district level to inform the response. Key areas to scale in ROP23 include data quality management, expansion of data triangulation efforts, and district dashboards. Digital solutions including the integrated voice response system for pill pick up locations (Mumbai) and Self Verified Adherence solutions will also be scaled in ROP23 within and outside PEPFAR clusters.

Through the CLM process, community-led organizations and key population groups will increase their capacity to gather, analyze, secure, and use data. A real-time monitoring mechanism will be adopted under CLM, to augment SI-driven planning, implementation, monitoring, and mid-course corrections. Adaptable technology solutions will be used to minimize dependency on human resources and sustainability of the intervention will be ensured through a complete shift to technology, with little to negligible support from human resource in the data collection across facilities, and absorption in the NACO ecosystem. Integrating real-time data technology with CLM will fuel the decision-making process of stakeholders towards swift feedback and action loops.

Strategic Enablers

Community Leadership

For GOI to achieve HIV epidemic control, NACP will need to increase the number of targeted interventions (prevention sites) from the current 1,735 to 1,880 by 2024-25 and 1,927 by 2025-26. The National Program is social contracting NGO/CBOs for implementation of prevention activities. Therefore, NACO has prioritized institutional capacity strengthening as a key pillar under the National CSS strategy which was developed through a collaborative effort between PEPFAR and UNAIDS. A comprehensive CSS framework was developed which highlighted four critical pillars - community leadership and community resource pool development, strengthening CBO capacity building, strengthening linkages and community-led monitoring.

In the PEPFAR priority geographies, readiness of local KP-led CSOs is being improved for social contracting (for CSOs that are not currently receiving State AIDS Control Societies (SACS funding), for corporate social responsibility and social enterprise development. PEPFAR

India's approach to CSO capacity strengthening is serving as a demonstration model for the NACO and GFATM partners, elements of which are being adapted for replication, e.g. All GFATM partners have been oriented on the tool and process. PEPFAR India has been a member of the task force that contributed to the development of six capacity building modules on different areas of institutional capacity strengthening such as HR, Finance, M&E, Governance and Resource Mobilization. PEPFAR India is extending TA in capacitating master trainers and community champions for institutional capacity building and leadership development. In ROP23 PEPFAR plans to work systematically with young KP and PLHIV networks to strengthen their district and state forums and support them in sustaining their HIV response through diversification of funding.

PEPFAR India has implemented CLM through a local partner in the past 2 years and has worked closely with NACO, UNAIDS, civil society and community networks to develop CLM tools and methodology to complete multiple rounds of CLM, identify and train community champions from KP and PLHIV groups and the GOI has adopted these tools and methodology for scale up of CLM activities across multiple states through GFATM implementing partners.

PEPFAR partners in ROP23 will support GOI in integrating technology into the CLM process to optimize human resource costs and minimize time, effort, and resources. PEPFAR will provide support in scaling up e-CLM across geographies through GFATM partners and State AIDS Control Societies.

Innovation

PEPFAR India under ROP23 will continue to utilize science-based innovations towards real time adherence monitoring through a self-verified adherence model; and lead with data in supporting a verbal autopsy exercise to gain insights into gaps that can be addressed to address mortality among PLHIV on treatment. Self-verified adherence is a low-cost digital adherence technology integrated with national helpline 1097 to improve 6-month retention and VLS of PLHIV.

PEPFAR India will continue to innovate to expand diverse entry points to care. We will build on the successful integration and convergence of services toward expanded access and community-led service delivery strategies. PEPFAR India, in coordination with the GOI, will continue to innovate on the use of data for impact with precision prevention and the use of triangulated data for impact. Newer approaches include the utilization of POC testing and multiplex platforms to increase access and efficiency. PEPFAR India will continue to expand treatment and VL literacy programs, with expansion of U=U messaging.

Leading with Data

The GOI's response is decentralized to district level to ensure ground-level realities are tailored to the response. PEPFAR India participates in the national working groups on surveillance and estimations guiding strategy for the integrated and enhanced surveillance and epidemiology framework, and also supports SACS in conducting District Epidemic Profiling using data triangulation to understand epidemic drivers and vulnerabilities, and bring out meaningful insights into the epidemiologic patterns, gaps and program response.

PEPFAR India continues to support the data ecosystem through the national information system. We will continue to support the national system by generating national-level dashboards, reports, and uptake for usage, with improved data quality. PEPFAR India will continue to support the development and operationalization of the *National Data Hub* for effective management, and accessibility of data, and strategic planning. PEPFAR India will continue to support the NACP in the third round of National Data Analysis Plan in the creation of effective utilization of the program data.

Target Tables

Table 17: ART Targets by Prioritization for Epidemic Control, India

ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY24)**	**New Infections (FY24)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24)*TX_CURR***	**Newly Initiated Target (FY24)*TX_NEW***	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Scale-Up Aggressive	652,421	**12,802**	463,822	495,926	46,317	76%	N/A
Total	652,421	**12,802**	463,822	495,926	46,317	76%	N/A

Table 18: Target Populations for Prevention Interventions to Facilitate Epidemic Control, India

Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target**	**FY25 Target**
[Specify target populations for focus, e.g., AGYW at risk of HIV acquisition, female sex workers] *Indicator Codes include PP_PREV, AGYW_PREV **KP_PREV***	**FSW: 209,845** **MSM: 58,058** **PWID: 41,367** **TG: 11,563** **People in Prison: 80,896**	**FSW: 6,754** **MSM: 2,756** **PWID: 4,190** **TG: 865**	**98,859**	N/A

Table 19: Targets for OVC and Linkages to HIV Services, India

Targets for OVC and Linkages to HIV Services					
SNU	**Estimated # of Orphans and Vulnerable Children**	**Target # of active OVC** **OVC_SERV Comprehensive**	**Target # of OVC** **OVC_SERV Preventative**	**Target # of active OVC** **OVC_SERV DREAMS**	**Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files** **OVC_HIVSTAT**
Andhra Pradesh	**39140**	**27547**	N/A	N/A	**21849**
Maharashtra	**13002**	**8962**	N/A	N/A	**7077**
Manipur	**2931**	**1981**	N/A	N/A	**1647**
Mizoram	**1543**	**1170**	N/A	N/A	**913**
Nagaland	**1516**	**1068**	N/A	N/A	**805**
Telangana	**13413**	**9273**	N/A	N/A	**6316**
FY24 TOTAL	**71545**	**50001**	N/A	N/A	**38607**

Core Standards

The GOI has moved forward with implementation practices and policies for the CORE Standards.

PEPFAR India has worked in close collaboration with the GOI in the provision of comprehensive prevention including the expansion of harm reduction. The GOI has guidelines in place for PrEP. PEPFAR India continues to demonstrate PrEP service delivery strategies for scale up.

Safe and ethical **index testing** to all eligible people is national policy and fully implemented in PEPFAR-supported geographies. Index Testing Services are in the process of being scaled across India.

Self-testing services are offered in the private sector. PEPFAR India has demonstrated the value of self-testing for persons seeking entry to care from virtual platforms and has worked to expand access through knowledge generation. In ROP23, PEPFAR India will continue to expand self-testing access.

PEPFAR India supported the GOI on demonstration, implementation and scale of **test and start policies** across all age, sex, and risk groups. The experience in PEPFAR geographies helped to inform policies in the Operational and Technical treatment guidelines.

PEPFAR India continues to demonstrate critical strategies for **linkage**, including peer-led strategies, treatment buddies, family centric models, and childcare facilitators to improve linkage rates. PEPFAR India has been a leader in granular site analysis, welcome back campaigns, tracking and tracing LFU for return to care. With a greenlight to work in 11 more high prevalence districts in Telangana and Maharashtra, PEPFAR will now have the ability to look at larger clusters of high priority districts, to better understand mobility patterns through residence-wise analysis of service data- which will help sharpen strategies to improve district cascades.

PEPFAR India has a robust **OVC program,** providing and families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes.

The National AIDS Control Program is domestically funded and HIV service delivery sites, including all PEPFAR-supported sites, are free to the public. There are **no formal or informal user fees** in the public sector.

The GOI has been a leader in **eliminating harmful laws, policies, and practices that fuel S&D.** The NACP makes consistent progress toward equity with a focus on outcomes for key and vulnerable populations through the scale-up of evidence-based strategies and regular review.

PEPFAR India was a key supporter in the NACP roll out of **DTG based regimens** for people with HIV, including the upskilling of providers during the transition. DTG based regimens are the preferred first- and second-line therapy.

Prior to and during the COVID pandemic, PEPFAR India expanded **DSD** including MMD and decentralized (community-based) service delivery. Community service delivery strategies, community ART refill groups, and one stop centers have been key to strengthening person-centered strategies to improve adherence and decrease interruption in treatment (IIT).

The GOI is committed to ending both HIV and TB as public health threats. Through PEPFAR support, **single window services for HIV and TB** are policy and implemented across all ART centers, with 100% screening and rapid referral of patients with symptoms. TPT dispensation has also been scaled across ART centers as part of the programmatic policy.

DSD for persons with **AHD** is a critical area of focus for PEPFAR India with granular data analysis on **morbidity and mortality outcomes.** The GOI has policies for the treatment of AHD, and PEPFAR India continues to support implementation and CQI for the WHO-recommended package of diagnostics and treatment. PEPFAR India has integrated effective CQI practices into site and program management.

PEPFAR India works with the GOI to **optimize diagnostic networks** for VL/EID and other coinfections. Through expanded diagnostic network optimization strategies, PEPFAR supports the GOI in linking public sector labs to ART centers throughout the country.

PEPFAR India works to enhance local capacity for a sustainable HIV response. Key areas of focus include the strengthening of KP/PLHIV-led CBOs toward greater localization and sustainable participation in the national HIV response.

PEPFAR India has made progress in increasing partner government leadership through partnering with the NACP on strategic leadership development. In line with best practices for public health surveillance, PEPFAR India has supported the NACP in the rollout and implementation of the integrated and enhanced epidemiology and surveillance program to strengthen program data for impact.

USG Operations and Staffing Plan to Achieve Stated Goals

CDC: PEPFAR India conducted a staffing analysis to ensure staffing aligns with new and continued PEPFAR priorities and requirements including PEPFAR's strategic pillars. CDC is not proposing any new positions. To maximize effectiveness and efficiency within the ARP, several PEPFAR India staff provide regional support as "regional assets". CDC conducted analysis of

agency and partner activities to ensure there is no overlap and duplication. CDC is not proposing any new positions and is not proposing any major changes to CODB.

USAID: USAID's PEPFAR funding for CODB includes resources to provide targeted support to partners to meet rigorous PEPFAR results and expenditure reporting requirements, as well as USAID award compliance guidelines. USAID's CODB ensures adequate staffing to design, award, and effectively manage implementing mechanisms as well as anticipated surge support requirements when necessary. Failure to approve the requested level could lead to inadequate oversight and reporting delays.

HRSA: HRSA will continue to support PEPFAR India from headquarters and does not plan to locate any staff in-country on a full-time basis. HRSA-India staff aims to conduct quarterly visits to support and collaborate with the in-country PEFPAR team, GOI and grantee sub-recipients.

APPENDIX A – PRIORITIZATION

Epidemic Cascade Age/Sex Pyramid

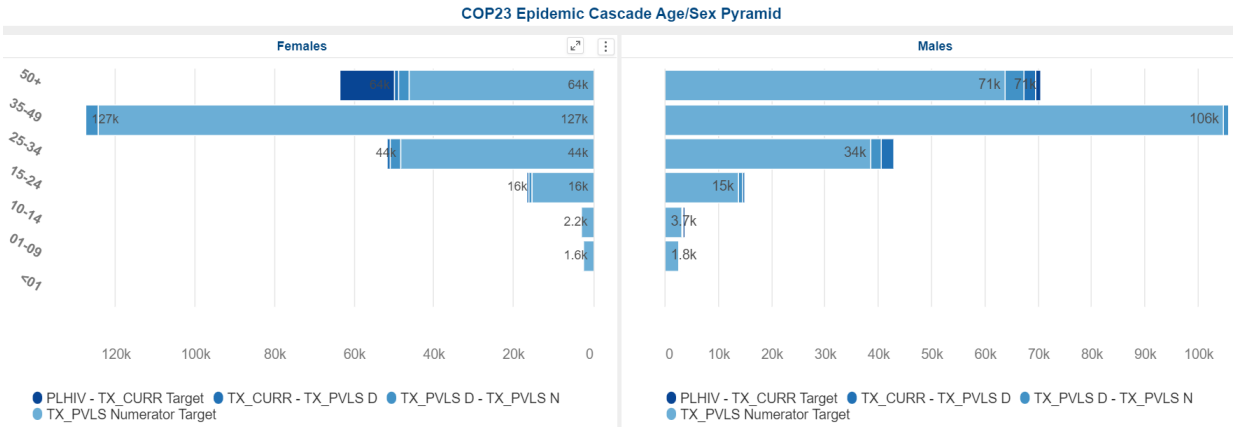

Figure 8: COP23 Epidemic Cascade Age/Sex Pyramid, India

APPENDIX B – Budget Profile and Resource Projections

Table 20: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention, India

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$24,360,000**	**$24,560,000**
Asia Region	**Total**		**$24,360,000**	**$24,560,000**
	India	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$683,600	N/A
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations	N/A	$185,000
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations	N/A	$1,030,000
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$346,000	N/A
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$100,000	$600,000
		ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations	$85,000	$155,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations	N/A	$1,512,500
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations	N/A	$917,000
		ASP>Not Disaggregated>Non Service Delivery>Key Populations	$200,000	N/A
		ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$496,592	N/A

		ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Key Populations	$450,000	N/A
		ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	$553,000	N/A
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$1,268,164	$2,634,000
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$3,276,150	$3,466,823
		C&T>HIV Laboratory Services>Non Service Delivery>Children	$45,000	N/A
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$620,000	N/A
		C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations	N/A	$100,000
		C&T>Not Disaggregated>Non Service Delivery>Children	$40,000	N/A
		C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$2,348,076	N/A
		HTS>Community-based testing>Non Service Delivery>Key Populations	$200,000	$1,245,000
		HTS>Facility-based testing>Non Service Delivery>Key Populations	$200,000	$645,000
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$90,000	$105,000
		HTS>Not Disaggregated>Non Service Delivery>Key Populations	$1,554,000	N/A
		HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$200,000	N/A

		PM>IM Program Management>Non Service Delivery>Key Populations	N/A	$1,642,500
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$3,794,764	$1,685,000
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$2,369,422	$3,943,913
		PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Key Populations	$400,000	N/A
		PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	$150,000	N/A
		PREV>Condom & Lubricant Programming>Non Service Delivery>Key Populations	$175,000	N/A
		PREV>Medication assisted treatment>Non Service Delivery>Key Populations	N/A	$129,000
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations	N/A	$1,653,000
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations	N/A	$465,855
		PREV>Not Disaggregated>Non Service Delivery>Key Populations	$1,754,414	N/A
		PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$699,160	$200,000
		PREV>Not Disaggregated>Non Service Delivery>OVC	N/A	$486,658
		PREV>PrEP>Non Service Delivery>Key Populations	$75,000	$129,000
		PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$300,000	$203,296

		PREV>PrEP>Service Delivery>Non-Targeted Populations	$100,000	$70,000
		SE>Case Management>Non Service Delivery>OVC	$1,300,000	$1,356,455
		SE>Not Disaggregated>Non Service Delivery>OVC	$486,658	N/A

Table 21: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, India

Operating Unit	Country		Budget	
		Program	2023	2024
Total			**$24,360,000**	**$24,560,000**
Asia Region	**Total**		**$24,360,000**	**$24,560,000**
	India	C&T	$7,597,390	$6,200,823
		HTS	$2,244,000	$1,995,000
		PREV	$3,653,574	$3,336,809
		SE	$1,786,658	$1,356,455
		ASP	$2,914,192	$4,399,500
		PM	$6,164,186	$7,271,413

Table 22: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, India

Operating Unit	Country		Budget	
		Targeted Beneficiary	2023	2024
Total			**$24,360,000**	**$24,560,000**
Asia Region	**Total**		**$24,360,000**	**$24,560,000**
	India	Children	$85,000	N/A
		Key Populations	$6,511,578	$9,930,000
		Non-Targeted Populations	$15,976,764	$12,786,887
		OVC	$1,786,658	$1,843,113

Table 23: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, India

Operating	Country		Budget

Unit		Initiative Name	2023	2024
Total			**$24,360,000**	**$24,560,000**
Asia Region	**Total**		**$24,360,000**	**$24,560,000**
	India	Community-Led Monitoring	$626,000	$670,000
		Core Program	$21,947,342	$21,846,887
		LIFT UP Equity Initiative	N/A	$200,000
		OVC (Non-DREAMS)	$1,786,658	$1,843,113

B.2 Resource Projections

PEPFAR India utilized Expenditure Reporting and End of Fiscal Year Reporting tool data to calculate the required resources to sustain program activities and ensure the proposed budget aligns with PEPFAR India's priorities.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

PEPFAR India has identified key system gaps to support through PASIT activities. As the National AIDS Control Program of India is over 95% domestically funded, the PASIT investments by definition leverage partner country investments. The benchmarks and timelines are defined with a view toward monitoring progress toward sustainability. Key activities to respond to system gaps include support for: (1) the strengthening of a tiered national laboratory network with expanded coverage for HIV, SIT, VL, EID and surveillance; (2) CLM, CBO capacity building including young KP leadership; (3) surveillance, estimations and data analytics, national data analysis plan, data quality assessment (DQA); (4) digital solutions and expanded core standards outside PEPFAR geographies; (5) national framework for adolescents and young KP; (6) scale up of core standards including PrEP and PEP, innovative service delivery strategies and virtual interventions (7) assessing structural, legal and policy barriers in closing the first 95 gap, including stigma 2.0 index implementation for baselines; (8) innovative, blended financing strategies; (9), and EMTCT.

APPENDIX D – Optional Visuals

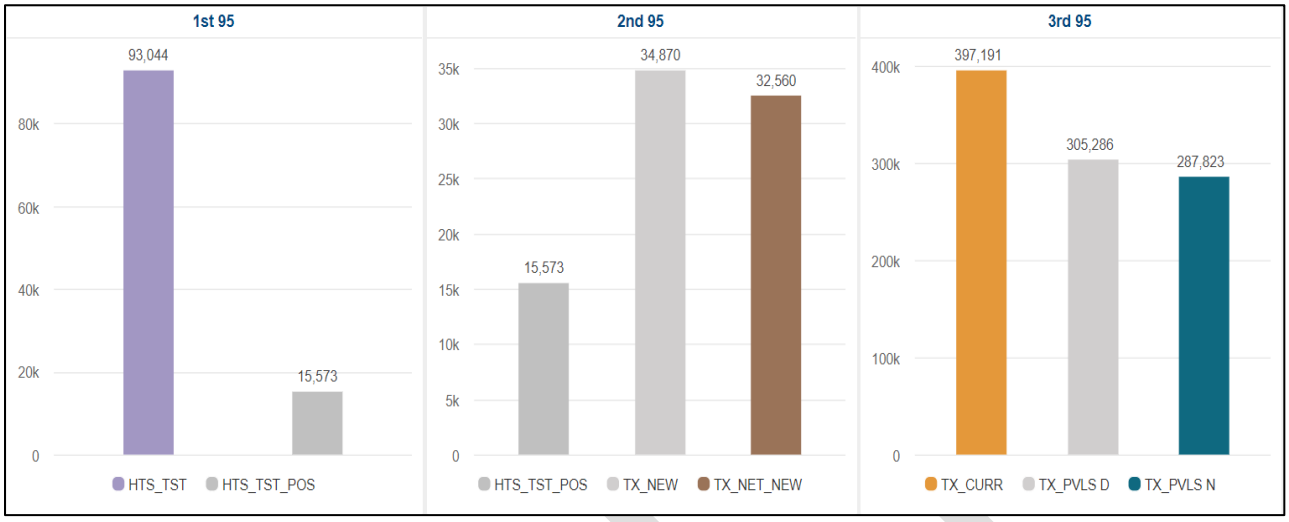

Figure 9: Overview of 95/95/95 Cascade, FY23, India

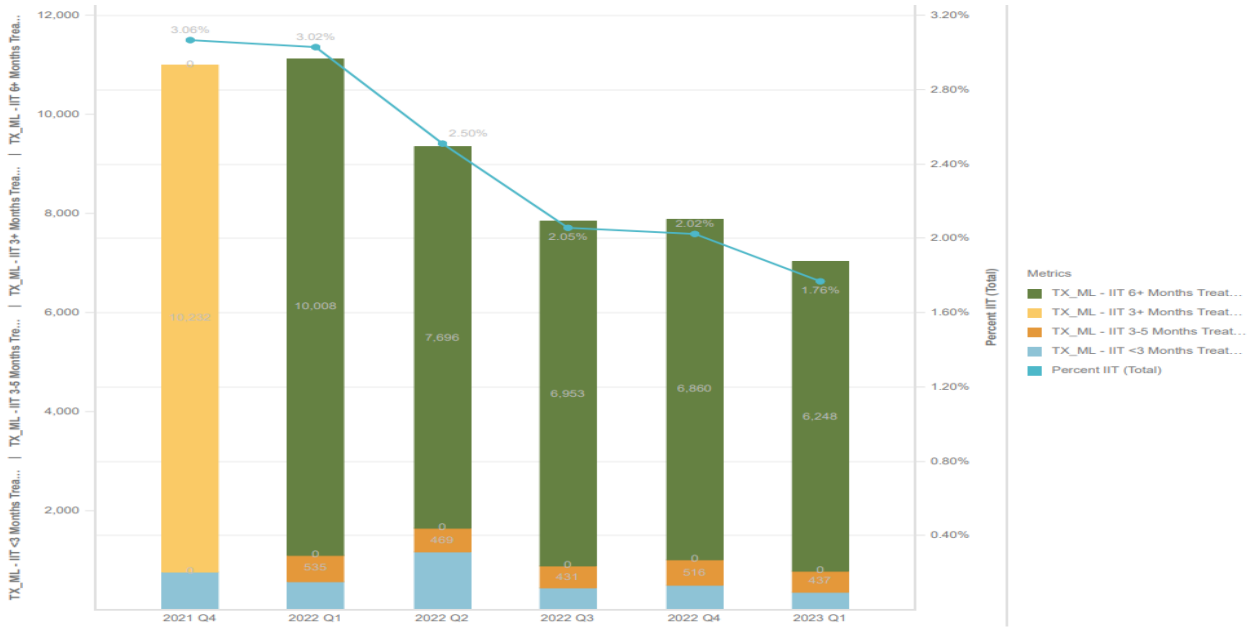

Figure 10: Clients Gained/Lost from ART by Age/Sex, FY22 Q4, India

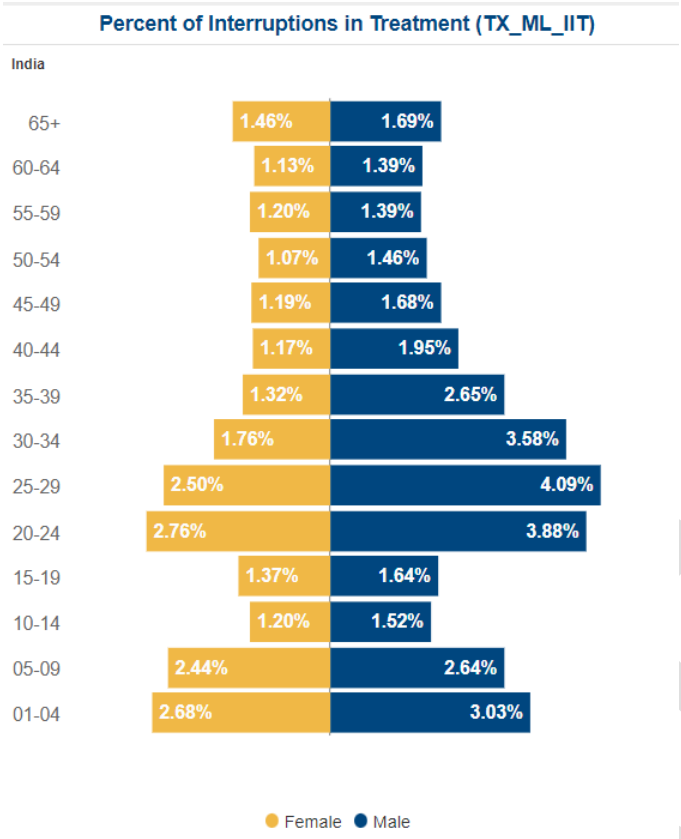

Figure 11: Number and percentage of Interruptions in treatment Age/Sex pyramid, FY23 Q1, India

PEPFAR Indonesia

Vision, Goal Statement, and Executive Summary.

Indonesia's 2020-2024 National Strategic Plan aims to reduce HIV incidence from 0.24 to 0.18 per 1,000 populations by 2024. The country is also striving to achieve the UNAIDS 90-90-90 (79-42-22) HIV care cascade by 2027, a crucial step towards the 95-95-95 target to be met by 2030. To achieve these goals, the MOH has set a national target of delivering over 7.6 million HIV tests by 2026 to ensure 95% of PLHIV know their status. Increased testing is also expected to enhance treatment coverage, with a target of 79% of PLHIV (including CLHIV) to receive antiretroviral therapy (ART), and 68% of those on treatment achieving VLS. However, despite the Government of Indonesia's (GOI) political and financial commitment to the National AIDS Programs (NAP), the current epidemic modeling of HIV in Indonesia reveals that high-risk groups such as MSM and the partners of vulnerable populations continue to experience new infections, impeding progress towards ending HIV and AIDS by 2030. The projection of 21,270 new infections in 2030 indicates the urgency for interventions and strategies to reduce the number of new infections.

ROP23 supports Indonesia's National HIV Strategic Plan 2020-2024 and UNAIDS' Global AIDS Fast Track Strategy to end the AIDS epidemic as a public health threat by 2030. This includes maximizing equitable and equal access to comprehensive, people-centered HIV services, breaking down legal and societal barriers to achieve HIV outcomes, and sustaining HIV responses. ROP23 has been developed in close collaboration with the GOI, Indonesia's civil society, and multilateral and donor partners. The PEPFAR team has also established an open and transparent communication forum for partners to provide updates on activity implementation, identify challenges, develop strategic solutions, and review and share clinical, programmatic, community, and supply chain data to monitor progress. The PEPFAR team will continue conducting partners' monthly and quarterly financial and budget reviews, which are also shared with the national and sub-national stakeholders.

The ROP23 plan is based on in-depth study of the HIV epidemic in Indonesia focusing on reaching populations with the most critical gaps and needs. As in ROP22 PEPFAR will focus on KPs optimizing access, quality, and delivery of HIV/AIDS services. PEPFAR is intensifying TA at a subset of high-burden and low-performing sites, while continuing to support the remaining sites with TA channeled through implementing partners and local government institutions. In collaboration with NAP and the Provincial Health Office (PHO), the PEPFAR team will develop a "graduation plan" with performance metrics to ensure the sustainability of PEPFAR-provided TA

to high-performing health facilities. Testing strategies will be scaled up in ROP23. Through expanded partnership with CSOs, PEPFAR will implement SNS, Index testing and an inclusive "status-neutral" approach to provide testing and service linkages for all individuals, regardless of their HIV status. To increase treatment initiation and retention, PEPFAR will implement an intensive "mop-up" strategy. This will involve identifying and initiating treatment for PLHIV who were never initiated on treatment and tracking patients who have been lost to follow-up. Our cohort data in Jakarta indicate that there is a total of 272 diagnosed PLHIV who have never initiated treatment, and 20,163 patients who interrupted their treatment. To close the gap in VL testing and suppression, PEPFAR will further strengthen the VL network in Greater Jakarta and will expand and intensify TA for fast-track VL testing at high-burden hospitals with low coverage.

2024 in Indonesia will be a political year marked by general elections for parliament and president. In this political landscape ROP23 must highlight the importance of human rights, gender-based barriers, and the S&D faced by KPs and PLHIV. To achieve greater equity, we have built innovations into ROP23 to address these concerns. This includes efforts to improve patient literacy and coordinated CLM to identify and resolve issues at the health facility and community level. Additionally, we will address structural barriers to scaling KP-Friendly Services and in light of the enactment of the criminal code, we will build on our collective advocacy for the protection of HIV services by analyzing the potential impact of the new law and developing a roadmap for addressing its potential impact. The new criminal code, passed by Indonesia's parliament in December 2022, contains provisions that makes consensual sex or cohabitation outside of marriage a criminal offense and can potentially impact the delivery of HIV services by restricting service delivery to "authorized officers". The law is expected to disproportionately impact women and LGBTQ people who are more likely to be reported by husbands or family members for adultery or relationships they disapprove of. With same-sex couples not being able to marry in Indonesia, the new code may also make all same-sex sexual relationships illegal in the country. The law has a three-year transition period before coming into effect.

Details of how PEPFAR/Indonesia will achieve its goals are explained throughout this document.

Table 24: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Indonesia

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Indonesia										
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	275,562,935	0.20%	546,573	429,215	179,659	41.9%	22.4%	5,002,679	52,955	42,616
Population <15 years	69,110,060	0.03%	18,466	N/A	5,313	N/A	N/A	77,057	1,058	740
Men 15-24 years	22,739,495	0.14%	32,225	N/A	19,968	N/A	N/A	410,870	7,813	6,875
Men 25+ years	80,531,365	0.37%	301,763	N/A	100,328	N/A	N/A	579,477	28,865	25,401
Women 15-24 years	21,594,642	0.11%	23,283	N/A	8,974	N/A	N/A	923,701	3,243	2,544
Women 25+ years	81,718,800	0.21%	173,212	N/A	45,076	N/A	N/A	3,011,574	11,976	7,056
MSM	761,027	14.37%	109,326	60,129	50,659	84.2%	N/A	246,863	14,092	11,696
FSW	277,624	1.97%	5,472	2,845	2,561	90%	N/A	87,535	1,701	1,021
PWID	27,075	14.61%	3,956	2,849	2,393	83.9%	N/A	13,044	270	170
Priority Pop (TG)	34,695	11.75%	4,078	2,528	2,114	83.6%	N/A	17,417	497	363

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

Table 25: Current Status of ART Saturation, Indonesia

Current Status of ART Saturation, Indonesia				
Prioritization Area	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Scale-up: Aggressive	29,991/25.58%	9,391	8	8
Sustained	87,258/74.42%	29,200	5	5
Total National	117,249/100%	38,591	13	13

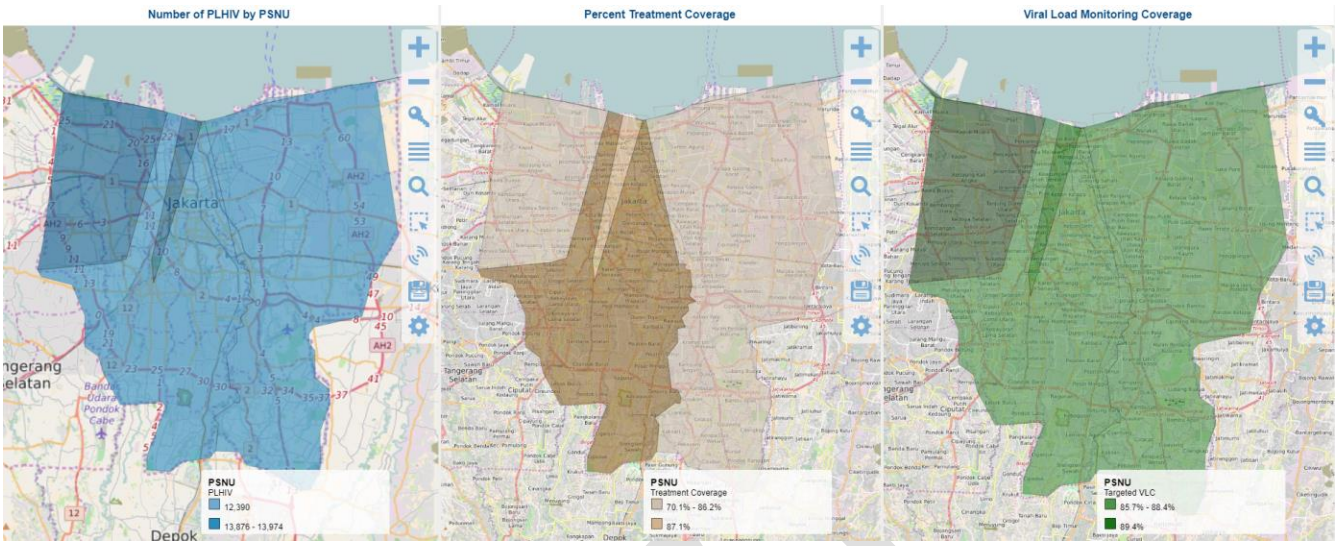

Figure 12: Map of PLHIV, Treatment Coverage, and Viral Load Monitoring Coverage, Indonesia

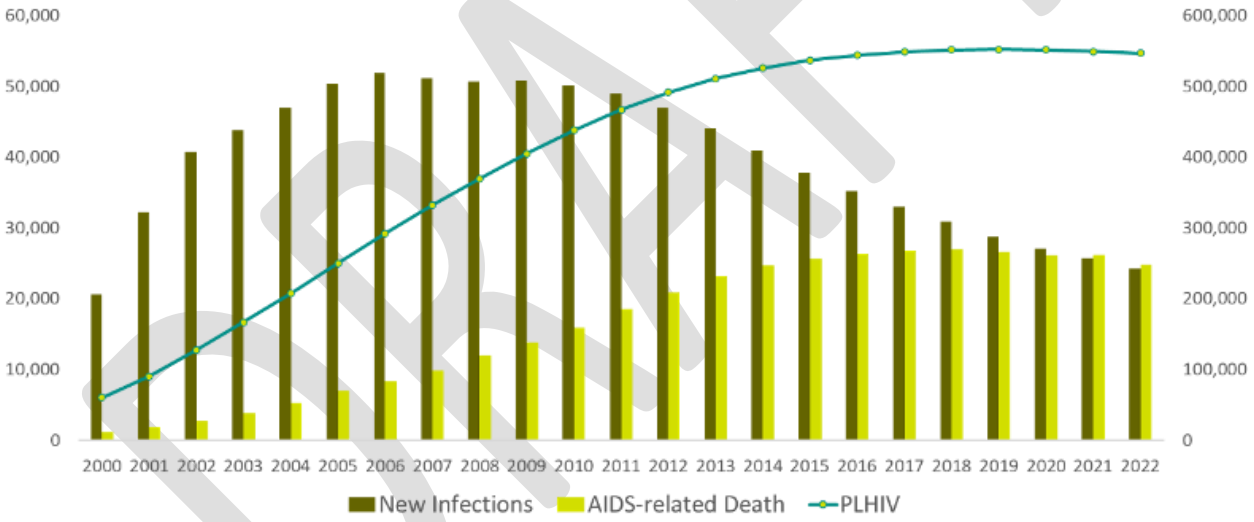

Figure 13: Trends of new HIV infection, PLHIV and AIDS related death 2000-2020, Indonesia

Pillar 1: Health Equity for Priority Populations

To promote epidemic control in ROP23, PEPFAR Indonesia will consolidate gains from ROP22 in the areas of prevention, case-finding and testing, HIV care and treatment, and VL testing. PEPFAR will use evidence-based and equitable approaches that prioritize individuals, to improve testing efficiency, accelerate treatment initiation, ensure treatment continuity, and increase the availability of MMD and VL testing – particularly among select high-burden and low-performing hospitals – in order to close the gap in service delivery.

In ROP23, PEPFAR will continue to support the NAP to aggressively expand the provision of PrEP to 74,877 KPs under the 2024-2026 GFATM funding request. PEPFAR will assist with the elimination of pre-screening eligibility processes that impede broader PrEP access and uptake; update technical guidance to reflect WHO recommendations; and strengthen provider capacity to offer a full range of client-centered PrEP services. PEPFAR will also expand the provision of PrEP by private providers to accommodate demand from potential clients.

To effectively address the HIV epidemic in Indonesia, ROP23 will focus on equitable healthcare access and prioritize identifying undiagnosed individuals living with HIV. PEPFAR Indonesia will take a strategic and inclusive "status-neutral" approach in ROP23, recognizing the benefits of testing and service linkages for all individuals, regardless of their HIV status. To ensure that the NAP is not inadvertently "screening out" high risk individuals for HIV testing, PEPFAR will also assist the MOH and community stakeholders to review existing HIV risk screening tools and to field test simple, validated "screening in" tools that nudge testing uptake among children, young people, and KPs, and reduce missed opportunities for identifying undiagnosed PLHIV.

PEPFAR will also continue a comprehensive approach to scaling up testing and ensuring that high-risk populations are identified and engaged in HIV testing. By focusing on SNS testing models and safe and ethical index testing interventions, PEPFAR can help reach hidden and high-risk KPs who may be hesitant to come forward for HIV testing. Strengthening the capacity of health providers and community outreach workers to offer index testing to partners of PLHIV is also crucial for identifying undiagnosed cases and linking them to care. Overall, PEPFAR's efforts to improve testing efficiencies and increase treatment continuity will have a significant impact on reducing the burden of HIV in Indonesia.

In facility settings, PEPFAR Indonesia will ensure systematic provider-initiated testing and counseling (PITC) provision among priority populations such as STI, hepatitis, , and TB clients. We will identify strategic opportunities to offer integrated service packages that include HIV testing at primary health care facilities. Over the ROP23 period, we will also work to optimize the efficiency and impact of mobile HIV testing and voluntary counseling and testing (VCT) services at PEPFAR-supported sites through case profiling and risk factor analyses.

PEPFAR will pivot TA resources to low-performing and high-burden hospitals where the largest gaps across cascade remain. However, this shift in resources will be made after sub-district primary health care facilities, known as "puskesmas," achieve and sustain optimal performance across key indicators and standards. In collaboration with the Jakarta PHO, PEPFAR will develop a "graduation plan" for high-performing puskesmas with clear benchmarks and

timelines. PEPFAR will closely monitor the progress of the plan to ensure achievement of the benchmarks. The shift of resources to low-performing and high-burden hospitals will accelerate immediate treatment initiation and continuity, and the scale-up of VL testing coverage. PEPFAR will refine, customize, and intensify hospital TA packages to include lean hospital management support such as time-bound HRH assistance; improved patient flow across the hospital by facilitating internal patient transfers and streamlining administrative procedures; and strengthening coordination across hospital departments. PEPFAR will also continue to advocate for TA to systematize back referrals of stable PLHIV from hospitals to puskesmas.

In ROP23, PEPFAR will accelerate treatment coverage by identifying and initiating PLHIV who never initiated treatment and tracking lost-to-follow-up (LFU) patients. Our cohort data in Jakarta indicates that over the past two years, 272 diagnosed PLHIV never initiated treatment after diagnosis and 5,857patients interrupted their treatment. Furthermore, there are 14,306 patients who are LFU for more than two years. Based on consultation with the PHOs in Jakarta and Greater Jakarta, PEPFAR will prioritize tracking, initiating, and re-engaging pre-ART and LFU PLHIV who were “lost” less than two years, addressing 29% of “lost” patients. This will be achieved by strengthening the partnership between health facilities and CSOs by scaling-up “lost and link” in high-burden and low-performing sites to trace and re-engage patients on treatment and regularly reviewing site-level data to closely monitor progress on re-engaging PLHIV. We will then extend our efforts to re-engage pre-ART and LFU PLHIV on treatment for those lost for more than two years, addressing 71% of “Lost” patients. PEPFAR Indonesia will also continue to support MOH in reviewing inactive patients at the national level especially across the 13 PEPFAR priority districts to remove PLHIV who have either passed away or have been lost for more than ten years from the cascade.

In March 2023, the MOH proposed more flexible screening criteria for initiating 3-month MMD by using CD4 testing or other clinical and nutritional indicators. In addition, District Health Offices (DHO) must ensure a minimum of four months of ARV stock available at all ART sites, which has been an impediment in the adoption and scale-up of 3-month MMD. In ROP23 PEPFAR will support the dissemination of the updated MMD guideline across 13 priority districts and will finalize the treatment module to allow NAP to report on the number of patients on 3-month MMD in Sistem Informasi HIV AIDS (SIHA) 2.1. PEPFAR will also continue to support PHO and DHO with ARV logistics and supply chain management including reallocation of essential commodities to prevent expiry.

To close the gap in VL testing coverage and suppression, PEPFAR will support MOH and PHO to optimize existing VL networks and the monitoring of VL commodities at the site level. This will allow us to maximize laboratory capacity and the availability of VL testing for eligible PLHIV. PEPFAR will also provide intensive TA to implement fast-track VL testing to high-burden hospitals with low VLC, which are contributing to 51% of the VLC gap.

In ROP23, PEPFAR will support NAP to disseminate the result of the Stigma Index survey to sub-national stakeholders. PEPFAR will also integrate the findings into mentoring sessions at health facilities and hospitals across PEPFAR priority districts. Our community partner will also use the findings in their discussions with health facilities and their end beneficiaries to improve provision of services to PLHIV and improve treatment adherence. In ROP23, PEPFAR Indonesia also plans to extend the delivery of mental health services at Puskesmas which are currently only accessible in hospitals.

To enhance accountability mechanisms for HIV-related discrimination, PEPFAR will continue to strengthen the capacity of the National Commission for Human Rights to implement complaints handling, monitoring, and mediation of HIV-related discrimination in accordance with the adopted and approved guidelines. To overcome barriers that impede KP-friendly services and in light of the enactment of the criminal code, PEPFAR will work closely with multi-sectoral ministries especially the Coordinating Ministry for Social Welfare and Human Development and the Ministry of Home Affairs to mitigate the potential impact of the new law. Building on our advocacy for the protection of HIV services, PEPFAR will analyze the impact of the updated criminal code on HIV services and develop a roadmap to address potential issues. We will continue to collaborate with MOH to build the capacity of health providers by delivering the training, and monitoring tools to reduce S&D in the context of providing HIV services.

Pillar 2: Sustaining the Response

In February 2022, the MOH launched the “Health Transformation” Initiative to improve the overall quality and accessibility of healthcare in the country. The MOH plans to transform Primary Health Care (PHC) through the “life-cycle approach” focusing on prevention and bringing services closer to communities through provider networks. PEPFAR sees the Health Transformation Initiative as an opportunity to strengthen PHC and will support the GOI’s efforts by providing strategic, responsive, and coordinated TA for the implementation of PHC reforms.

Over the last 15 years Indonesia has made significant progress in its national HIV response by

securing significant domestic and international funding. In 2022, the GOI was the main source of financing for the National AIDS Program (64.5%). However, externally financed spending for HIV in Indonesia is dominated by two donors – the GFATM and PEPFAR – who together accounted for more than 95% of total international spending in 2022 or 34% of total HIV expenditures or US$49 million. The GFATM alone funded 27% of the total national HIV response cost in the country in 2022. Indonesia faces challenges in its ability to mobilize sufficient domestic resources for HIV prevention, testing, and treatment. However, by focusing on changes to service delivery models, payment mechanisms, and more sustainable HIV financing, Indonesia can boost its HIV response and accelerate epidemic control.

Revised payment mechanisms can achieve more efficient HIV service provision. Evidence from Indonesia and globally suggests that routine ART services can be efficiently delivered at the primary care level. In Indonesia, there is an excessive proportion of ART services being delivered at hospitals, resulting in higher costs and reduced resources to scale up ART. In ROP23, PEPFAR will support the NAP to draft modified payment and non-payment mechanisms at both the primary care level and at hospitals, to incentivize primary care providers to retain routine antiretroviral treatment patients at their clinics and limit referrals to hospitals to severe HIV cases. At the same time, hospital-based providers will be incentivized to refer fewer complex patients to lower-level facilities. Adding performance elements to payment reforms will also incentivize providers to promote viral suppression among their antiretroviral treatment patients.

Indonesia's national HIV response can be strengthened by exploring use of payment mechanisms to incentivize improvement in HIV care under the national social health insurance program Jaminan Kesehatan Nasional (JKN). Decision makers must carefully consider the type of services to be included in the Basic Benefits Package and resulting costs and public health benefits. In ROP23, PEPFAR will advocate for the JKN program to be a more strategic purchaser of HIV services, including exploring options for the integration of VL testing under JKN. PEPFAR will also work to develop economic models suitable for HIV services to ensure access to comprehensive HIV services for PLHIV.

The Coordinating Minister of Social Welfare and Human Development is responsible for convening and coordinating relevant multi sector ministries, international development partners including PEPFAR Indonesia, and CSOs for discussions on engagement and coordination of HIV progress in Indonesia. PEPFAR Indonesia, through our partners, will continue to provide support to the Coordinating Minister to develop and finalize the sustainability plan for Indonesia.

In the GFATM's Cycle 7 Funding Request, MOH has also proposed a plan to continue engagement with the Coordinating Minister for sustainability of the HIV program.

PEPFAR will continue to engage in the integrated national planning process with MOH and other international partners to ensure resources are allocated strategically and complementary in support of sustained HIV impact. During the ROP23 process, all parties agreed to monthly meetings. Stakeholders agreed to discuss funding and alignment of priorities as well as addressing in-country issues related to accountability, transparency and performance of global fund principal recipients that impede progress. Through these continuous engagements, PEPFAR will build efficiencies and identify ways to optimize limited resources.

In ROP23 PEPFAR Indonesia will continue to strengthen the capacity of local organizations to serve as direct recipients of funding from the GOI and/or PEPFAR. This includes building their organizational, programmatic, financial, and technical capacities to design, implement, monitor, and manage HIV interventions. Training and coaching will continue to focus on planning and management skills, meet governance, financial, and technical standards and become national and regional leaders in HIV programming. Special attention will be given to strengthening their capacity to analyze and use data to allow them to monitor the progress of their support to national and sub-national governments.

In ROP23, PEPFAR will ensure sustainable financing by working closely with Provincial NGO Forums to assist local organizations (irrespective of funding source) to benefit from Government social contracting resources. PEPFAR will support sustainability of community-led responses by expanding the social contracting pilot, with a medium package (basic assessment and basic capacity building) for CSOs and a comprehensive package (assessment, capacity building, support for accessing social contracting at district level) for champion CSOs in 13 districts. To achieve this, PEPFAR will assist CSOs to meet eligibility criteria and officially register for social contracting resources; support CSOs to prepare and submit proposals; and prepare CSOs for social contracting implementation.

In the Planning Activities for System Improvement Tool (PASIT), PEPFAR will support the NAP to finalize the SIHA 2.1 modules; review and utilize data for course correction as needed; and assist with the seamless integration of SIHA 2.1 into Satu Sehat. Finally, PEPFAR will assist NAP to draft regulatory policies creating incentives for healthcare providers to improve treatment initiation and retention in hospital settings as well as back referral of stable patients to Puskesmas.

Pillar 3: Public Health Systems and Security

Strengthen Regional and National Public Health Institutions – In ROP23, PEPFAR Indonesia will support improvements in the national health management information system (Satu Sehat), which will improve the availability of national data needed for early detection of zoonoses and other emerging infectious diseases. This support will also enhance existing and planned surveillance systems to better detect new disease outbreaks.

Quality Management Approach and Plan – In ROP22, PEPFAR Indonesia prioritized providing intensive TA to health facilities in 13 priority districts and the result has indicated that achievements in the Puskesmas are stronger compared to results in the hospital settings. In ROP23, PEPFAR Indonesia will support improvement of services delivered in the hospitals setting by analyzing their data to review the progress for treatment initiation and retention including VL testing, and course correct their activities based on their analysis as relevant. PEPFAR Indonesia plans to intensify engagement with the MOH on how to systematically improve the achievements of these hospitals as some of these hospitals are under purview of the MOH.

Supply Chain modernization and accurate quantification – In ROP23, PEPFAR will continue to support in-country supply chain activities that improve data visibility and accuracy, use of supply chain data in health policy development, and efficient and realistic supply planning. PEPFAR will also continue advocating for the adoption of global standards for pharmaceutical management and drugs, including pursuing opportunities to leverage partnerships with the private sector.

PEPFAR will continue to provide TA to NAP to lead the bi-annual national quantification process – development of 24-month forecasts and 24-month supply plans. Building NAP's capacity to lead this activity will help improve their estimates for the quantities, cost of and lead times for commodities needed to support their health programs. Quantification is a critical supply chain management activity that links information on services and commodities with the program policies and plans at national level that are aimed at ensuring an uninterrupted supply of health commodities.

PEPFAR will continue to strengthen the national capacity of Indonesia's supply chain by providing management and supportive supervision at the district and provincial levels through

seconded staff focused on improving the availability and accuracy of supply chain data. These staff will help to ensure the availability of key HIV commodities at the Puskesmas, district and provincial levels through routine site visits, stock monitoring at priority health facilities, advocacy for accurate and timely submissions of requisition orders and the reconciliation of site-level stock information with data contained in SIHA 2.1. The seconded staff will also help to facilitate successful and timely integration of the current eLMIS system into the Satu Sehat platform.

Laboratory systems – Despite an adequate number of GeneXpert machines located in health facilities and laboratories, HIV VL and TB testing has historically been done on separate platforms across Indonesia. Nationwide, less than five percent of the 1,716 GeneXpert machines are used for HIV VL testing. In ROP22, PEPFAR Indonesia expanded access to HIV VL testing by activating underutilized (~<50%) GeneXpert machines across Greater Jakarta PEPFAR priority districts, which were previously only used for TB testing. Prior to PEPFAR's laboratory network optimization efforts, HIV VL testing was done exclusively using Abbott m2999 instruments located in hospitals and centralized laboratories far from HIV treatment facilities, with typical turnaround times for VL tests of three-to-four-weeks. In ROP22, PEPFAR's efforts to support diagnostic integration and multiplexing of GeneXpert platforms led to HIV VL testing in greater Jakarta increasing by 244% and the average turnaround time per test reducing to an average of three days.

In ROP23, PEPFAR will strengthen the establishment of the expanded VL network in Greater Jakarta by conducting monthly coordination meetings with District Health Offices to monitor VL testing and to assess and address system challenges associated with the supply chain and clinical/laboratory interface. PEPFAR will continue to strengthen the capacity of the Laboratory personnel in reporting and recording of VL tests and ensuring that health facilities/providers receive test results through the Information System for Specimen Transport tracking. Laboratory strengthening activities will also include the development of SOPs for workflow prioritization of HIV VL testing vs. TB testing and further strengthening of communication SOPs for the coordination of VL sample collection and transportation and the allocation of testing reagents between GeneXpert and Abbott m2000 instruments. PEPFAR will work with GFATM, NAP, and other stakeholders to support development of a SOW and roadmap for a complete DNO that would create further efficiency gains in national HIV VL, EID, and MTB testing.

HRH – Indonesia's HIV CHWs incorporate a range of community-based implementers including the health cadre, CSO outreach workers/case managers, and peer mobilizers. However,

Indonesia lacks formal training and accreditation programs for the majority of these workers and with the exception of a few discrete initiatives, partnerships between the community-based workforce, subnational authorities and the facility-based workforce are not formalized, or officially articulated. In ROP23 PEPFAR will develop CHW competency criteria, training and mentoring systems, and district-level operational framework that fosters partnership, recognizing the CHW workforce, and providing standards for their performance. Doing so is especially critical now as an additional way to protect CHWs in the wake of the new Criminal Code.

Pillar 4: Transformative Partnerships

The GOI's health transformation agenda emphasizes innovative approaches to health service delivery to provide more effective and efficient health services. The expanding use of digital technology in Indonesia, such as online platforms and mobile applications, has the potential to enhance access to HIV testing and counseling services, as well as to promote prevention and education campaigns. Over the ROP23 period, PEPFAR Indonesia will expand its current partnership with Good Doctor/Grab Health, one of Indonesia's largest telehealth platforms, to expand DSD options for PLHIV, including home-based ART and MMD. We will also work with the Jakarta and Greater Jakarta PHOs to bolster public-private partnerships with private laboratories, ensuring that VL testing acceleration efforts can be sustained even when public-funded commodities are scarce.

The key development partners who support the NAP include the GFATM, WHO, UNAIDS, and Japan International Cooperation Agency. As a TA provider to GFATM, UNICEF supports the MOH in enhancing national coordination, evaluation, and training on the latest protocols for promoting ARV uptake and retention in pregnant women. The International Labor Organization in Indonesia works to promote inclusivity and reduce discrimination against PLHIV in the workforce to support the national HIV response. The UN Office of Drugs and Crime provides support to the GOI in expanding HIV AIDS prevention, treatment, and care, with a particular emphasis on individuals who use drugs and those in confined settings such as prisons. PEPFAR Indonesia will strengthen its collaboration with the GFATM and WHO to support MOH in the expansion of digital data, especially related to the analysis and use of SIHA 2.1 data for programmatic improvement and the transition of SIHA 2.1 to Satu Sehat.

Pillar 5: Follow the Science

Indonesia is currently anticipating the outcomes of several crucial studies, including IBBS 2023,

which is anticipated to conclude by September 2023. Additionally, an update of Population Size Estimates for KPs using the IBBS 2023 is slated to be completed in October 2023. Moreover, an update of the HIV cascade utilizing updated population size estimates for KPs and the 2023 IBBS is expected to be completed in November 2023. The MOH will lead the IBBS Survey and PSE process using GFATM resources. In ROP23, PEPFAR Indonesia will continue to support the refinement of the IBBS methodology and questionnaires and data analysis and report writing. In priority districts, we plan to disseminate IBBS data and the new population size estimates with subnational stakeholders to allow them to use the data for AIDS programming. PEPFAR Indonesia will also continue to support the NAP to enhance their capacities to regularly review data from SIHA 2.1 and support the publication of quarterly programmatic data to relevant stakeholders.

Strategic Enablers

Community Leadership

PEPFAR Indonesia will continue its CLM activities to gather and utilize updated data on quality of services and gender-based violence and intimate partners violence faced by PLHIV. PEPFAR will present the findings with stakeholders to advocate for changes to delivery of AIDS services offered to PLHIV in order to improve their adherence and to reduce loss to follow-up. In ROP23 PEPFAR will continue to regularly review data collected at the site level and to share findings with the subnational and site-level stakeholders for service improvement. PEPFAR plans to undertake joint data collection between health facilities and the community on treatment initiation and treatment retention and analyze the data to inform HIV programming. In close collaboration with the Indonesia Positive Network, PEPFAR Indonesia also plans to undertake mapping to better understand the challenges that young KPs face when accessing HIV services and will utilize the findings to improve provision of HIV services. The CLM partner will share findings and recommendations with national and sub-national stakeholders to advocate for adjustment of HIV services offered to PLHIV to improve their adherence, address service quality concerns, and reduce loss to follow up.

Innovation

PEPFAR will leverage and apply lessons learned from the strategic purchasing models tested under the National TB and MCH program for HIV service provision. We will explore the inclusion of key HIV-related services into the Basic Benefits package funded through the national social health insurance program JKN. Funding comprehensive HIV services such as VL testing

through JKN could improve the efficiency, effectiveness, and sustainability of HIV financing by reducing reliance on input-based financing from central or local governments and reducing reliance on external financing.

In ROP23 PEPFAR will also support NAP to draft modified payment mechanisms at both the primary care level and at hospitals. We will explore payment models that incentivize primary care providers to retain routine antiretroviral treatment patients at their clinics and limit referrals to hospitals for severe HIV cases. At the same time, hospital-based providers will be incentivized to refer patients who do not require hospitalization to lower-level facilities. This will ensure optimal use of available resources to achieve targets and successfully curb the HIV epidemic.

In ROP22, The Jakarta Provincial Health office and PEPFAR brokered a formal partnership between 12 Puskesmas and the telemedicine platform Good Doctor, which is embedded in the Grab Health application. Currently, over 10,000 teleconsultations a day are done through the Good Doctor app in Indonesia and the app partners with more than 1,000 medical institutions and 2,000 pharmacies in the country. Through this innovative partnership – the first of its kind in Indonesia. PEPFAR will explore ways in which telemedicine can be utilized to provide home-based ARV services for eligible PLHIV, meet individual preferences and needs, while simultaneously reducing health care provider workloads at primary health care settings. Additionally, these services will further enhance adherence to ART among PLHIV as well as strengthen a decentralized drug distribution system.

Leading with Data

In 2022 the MOH initiated one of the most ambitious data transformation efforts in its history, as it led the integration of 4000+ healthcare applications into a unified One Health ecosystem, called SatuSehat. In ROP23, PEPFAR Indonesia will continue supporting the integration of SIHA 2.1 to Satu Sehat. PEPFAR will support the NAP to achieve a strengthened health information system (HIS) ecosystem to better manage, generate, and use available, high-quality information to support evidence-based decision-making regarding the continuum of care. The support of Satu Sehat will also advance the interpretation, translation, and use of health information – this will focus on helping MOH improve use of health information for decision-making, which includes building in visualization and analytical capabilities to support efficiencies in data interpretation. In close coordination and collaboration with the NAP and Digital Transformative Office, PEPFAR will support the preparation towards an interoperable HIV information systems by conducting a data mapping to align all data sources from SIHA and

other relevant systems for HIV to Satu Sehat, developing data standards and interoperability guidelines, developing a roadmap for interoperability between SIHA2.1 and Satu Sehat, and supporting any updates to SIHA from a software angle to ensure compliance with Satu Sehat.

Target Tables

Table 26: ART Targets by Prioritization for Epidemic Control, Indonesia

ART Targets by Prioritization for Epidemic Control, Indonesia							
Prioritization Area	Total PLHIV (FY23)	New Infections (FY23)	Expected Current on ART (FY23)	Current on ART Target (FY24) *TX_CURR*	Newly Initiated Target (FY24) *TX_NEW*	ART Coverage (FY24)	ART Coverage (FY25)
Scale-Up Aggressive	29,991	N/A	9,047	13,705	2,608	45.7%	N/A
Sustained	87,258	N/A	33,356	40,080	3,100	45.9%	N/A
Total	117,249	N/A	42,403	53,785	5,708	45.9%	N/A

Table 27: Target Populations for Prevention Interventions to Facilitate Epidemic Control, Indonesia

Target Populations for Prevention Interventions to Facilitate Epidemic Control, Indonesia				
Target Populations	Population Size Estimate* (SNUs)	Disease Burden[+]	FY24 Target	FY25 Target
KP_PREV (MSM)	50,161	16.4%	16,523	
TOTAL	50,161		16,523	

*Data source: AEM Spectrum update March 2023 (Jakarta districts)

[+]Datasource: IBBS 2018-2019 (Jakarta Districts)

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**
   - ❖ The national index testing technical guidelines were finalized in 2019 and have been included in the latest national HIV policy (Permenkes). PEPFAR has supported the MOH to disseminate the national index testing technical guidelines to guide index testing implementation.
   - ❖ PEPFAR Indonesia also supported MOH on the initial development of index testing recording and reporting systems and it will continue to assist MOH with inclusion of index testing modules in SIHA 2.1.
   - ❖ In ROP23 PEPFAR Indonesia will continue to systematize safe and ethical index testing interventions for high-risk PLHIV which is consistent with WHO rights-based minimum standards and will emphasize capacities to assess and respond to intimate partner violence and adverse events. PEPFAR Indonesia will also utilize client segmentation data to identify individuals who are more likely to accept index testing offers and are more likely to refer previously undiagnosed HIV-positive contacts successfully. PEPFAR Indonesia will also strengthen the capacity of health providers and community outreach workers to offer index testing to partners of PLHIV.

2. **Fully implement "test-and-start" policies**
   - ❖ The NAP implemented the test and treat policy in Indonesia from 2018. However, due to limited capacity of SIHA 1.7 to capture the test and start data there is currently a lack of detailed data to review and assess the effectiveness of the implementation of test and start across Health Facilities
   - ❖ In ROP23, across PEPFAR supported puskesmas and DSD clinics, we will further pivot our TA to focus on service differentiation and integration, including expansion of MMD coverage (following the release of the MOH's National MMD technical guidance in ROP22), and provision of integrated service packages based on PLHIV needs (such as TB/HIV, STI, MCH, etc.). PEPFAR will also intensify financing and advocacy TA to support the implementation of back referrals of stable PLHIV from hospitals to puskesmas, as DSD mechanisms create more client openings at primary health care levels

3. **Directly and immediately offer HIV-prevention services to people at higher risk**

- ❖ The PrEP technical guidelines were developed in 2021. The MOH is currently revising its technical guidelines to eliminate barriers to access by streamlining screening criteria. The revised guidelines will adhere to the WHO guidelines and will simplify delivery methods. This process is expected to be completed by 2023.
- ❖ PEPFAR has thus far provided clinical TA to the NAP to expand PrEP provision among key and priority populations in Jakarta and Greater Jakarta. Through TA to the NAP, PEPFAR supported the roll-out of PrEP in the 10 highest burden provinces, serving more than 3,000 PrEP clients, with 54% of these individuals receiving PrEP at 21 PEPFAR-supported facilities in Jakarta and Greater Jakarta.
- ❖ In ROP23, PEPFAR will expand its TA to the NAP as it plans to aggressively expand the provision of PrEP 74,877 KPs under the 2024-2026 GFATM funding request. PEPFAR will strengthen providers' capacity to offer, dispense, manage, and monitor PrEP services, based on client needs and preferences; expand access to PrEP through alternative delivery models and incorporate a standardized approach for PrEP service delivery.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**
   - ❖ This is not applicable to PEPFAR Indonesia

5. **Ensure HIV services at PEPFAR-supported sites are free to the public**
   - ❖ Since the issuance of the National Health Insurance (JKN) program in 2014, HIV benefit packages have been included at primary and referral services, which is complementary with other funding sources such as PEPFAR, NAP, and GFATM.
   - ❖ USAID support so far has aimed to strengthen the efficiency and performance of JKN programs, as well as reducing out-of-pocket at the point of use by JKN members.
   - ❖ In ROP23, PEPFAR will advocate for JKN program to be a more strategic purchaser for HIV services, including exploring options for the integration of VL testing under JKN, using the most appropriate payment models by developing economic models suitable for HIV services to ensure access to comprehensive HIV services for PLHIV.

6. **Eliminate harmful laws, policies, and practices that fuel S&D[1] and make consistent progress toward equity**
   - ❖ In ROP23, PEPFAR will support MOH in providing equitable access to services and will address systemic inequalities and discrimination faced by KP PLHIV when seeking HIV

services. This will be achieved by strengthening the capacity of National Commission for Human Right staff to implement the complaints handling, monitoring, and mediation of HIV-related discrimination in accordance with the adopted and approved guideline. Additionally, PEPFAR will scale up community-led legal reform advocacy at both the national and sub-national level and will expand access to justice in districts with highest cases of HIV-related discrimination, including gender-related discrimination and intimate partners violence.

7. **Optimize and standardize ART regimens**
   - ❖ Indonesia has committed to adopting WHO-recommended treatment regimens for both adults and children living with HIV by offering DTG-based regimens to all PLHIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.
   - ❖ In March of 2023, Indonesia launched the transition to the DTG-based ART regimen. The transition will be carried out in a phased approach across provinces and is expected to be completed by the end of 2023. Additionally, the MOH has committed to no longer procure NVP-based regimens.
   - ❖ In ROP23 PEPFAR will continue to monitor the phasing out of NVP regimens to TLD in Jakarta and Greater Jakarta and will further strengthen the scale up TLD coverage among TX_NEW patients.

8. **Offer DSD models**
   - ○ The MOH Regulation 23/2022, offers a legal framework for expanding the implementation of 3-month MMD. The development of MMD guidelines is currently underway and is set to take effect immediately in 2023.
   - ❖ In ROP23, PEPFAR will support the dissemination of MMD guidelines to 13 priority districts to improve 3-month MMD coverage. PEPFAR will also continue to finalize the treatment module to allow NAP to report on the number of patients on 3-month MMD in SIHA 2.1. Additionally, PEPFAR will continue to support PHO and DHO with supply chain management for ARV commodities and reallocation of essential commodities to prevent expiry. PEPFAR Indonesia will also regularly review the site level data on PLHIV on MMD with their VLS to ensure treatment adherence and disseminate the result of the review to national and sub national stakeholders

9. **Integrate TB care**

- ❖ Collaborative activities between TB and HIV have been ongoing in Indonesia since 2004 and there is a National Strategic Plan for TB-HIV collaboration for the period of 2020-2024. However, the TB/HIV indicator data indicates that the implementation of these activities has not been effective.
- ❖ In ROP23, PEPFAR will continue to strengthen TB screening for PLHIV, testing for TB among presumptive TB PLHIV, and will ensure the linkage of PLHIV with TB services after diagnosis to initiate ARV treatment. PEPFAR Indonesia will also coordinate with the GFATM Principle Recipient to improve HIV testing and treatment initiation among TB HIV positive patients in our priority districts.

10. **Diagnose and treat people with AHD.**
    - ❖ In ROP23, PEPFAR AHD activities - including monitoring of the distribution and utilization of CD4 reagents, CrAG antigen, Fluconazole, and Cotrimoxazole- will transition to GFATM in their priority sites as part of their overarching objective on program quality.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**.
    - ❖ In ROP22, PEPFAR Indonesia expanded access to HIV VL testing by activating underutilized (~<50%) GeneXpert machines across Greater Jakarta, which were previously only used for TB testing. In ROP23, PEPFAR will strengthen the establishment of the expanded VL network in Greater Jakarta by conducting monthly coordination meetings with DHO to monitor VL testing and to assess and address system challenges associated with the supply chain and clinical/laboratory interface. PEPFAR will continue to strengthen the capacity of the Laboratory personnel in reporting and recording of VL tests and ensuring that health facilities/providers receive test results through Information System for Specimen Transport tracking.

12. **Integrate QA and CQI practices into site and program management.**
    - ❖ In ROP23, PEPFAR will intensify clinical mentoring and CQI measures at PEPFAR-supported hospitals to improve patient-centered quality of care and strengthen treatment continuity, including reducing waiting times, improving patient flow procedures, facilitating internal patient transfers, and strengthening coordination across hospital departments.

13. **Offer treatment and viral-load literacy.**

- In ROP23 PEPFAR Indonesia will conduct thematic meetings with community partners to disseminate treatment and VL literacy information such as access to MMD and U=U to improve demand for VL testing among eligible PLHIV. PEPFAR Indonesia will also intensify activities to improve treatment literacy for PLHIV for treatment initiation and access to VL, and the provision of psychosocial support for PLHIV to improve treatment retention.

14. **Enhance local capacity for a sustainable HIV response**
    - In ROP23 PEPFAR Indonesia will continue to strengthen the organizational and technical capacity of local organizations to serve as direct recipients of the GOI and/or PEPFAR funding. To ensure sustainable HIV financing, we will also continue to work closely with Provincial NGO Forums to help prepare local organizations (irrespective of funding source) to benefit from Government social contracting resources. PEPFAR will support sustainability of community-led responses through expansion of the social contracting pilot, with customized TA packages for CSOs across PEPFAR's 13 districts.

15. **Increase partner government leadership**
    - The Coordinating Minister of Social Welfare and Human Development is responsible for convening and coordinating relevant multisector ministries including National Planning Agencies, Ministry of Home Affairs, and MOH, international development partners and CSOs for engagement and coordination of HIV progress in Indonesia.
    - In ROP23, PEPFAR will continue to support the Coordinating Minister in the development of Indonesia's sustainability plan by convening meetings among stakeholders.

16. **Monitor morbidity and mortality outcome**
    - The MOH collects key variables for morbidity and mortality using patient registration forms and the national ART cohort database (ARK 6.0).
    - PEPFAR Indonesia will support MOH to undertake a PLHIV mortality and loss review in collaboration with WHO and GFATM. PEPFAR will use these findings to estimate the proportion of deaths for patients that have been "lost" and will re-calculate the total number of inactive clients that cannot be traced.

17. **Adopt and institutionalize best practices for public health case surveillance.**
    - The MOH utilizes unique identifiers and indicators to collect information on treatment

initiation, treatment retention, and VLC and suppression. These indicators are routinely reported into SIHA 2.1 to guide programmatic action. PEPFAR Indonesia will support NAP with the scale up of SIHA 2.1 across all provinces.

USG Operations and Staffing Plan

ROP23 represents a continuation and refinement of the strategy of ROP22, and staffing will remain level. The PEPFAR Indonesia team conducted an analysis and assessment of staff to effectively and efficiently achieve program priorities across PEPFAR's strategic pillars. As a result of this initial assessment, we found that the current PEPFAR staff percent of time and number of full-time equivalents (FTE) is well aligned to the activities proposed for ROP23.

The PEPFAR Indonesia team will recruit for three vacant positions: Supply Chain Advisor, Care and Treatment Advisor, and Local Partner Advisor. In ROP23, PEPFAR will partially fund the Local Partner Specialist and Care and Treatment Adviser along with the USAID TB Team to maximize the plan to strengthen TB and HIV collaboration and integration and to sustainability identify the needs and growth gaps of Indonesia's local organizations.

In terms of the estimated impact on the overall CODB, we anticipate a decrease in CODB of 16% as compared to FY22 budget, as a result of jointly funding the Local Partner Specialist and Care and Treatment Advisor using TB funds.

APPENDIX A – Epidemic Cascade Age/Sex Pyramid

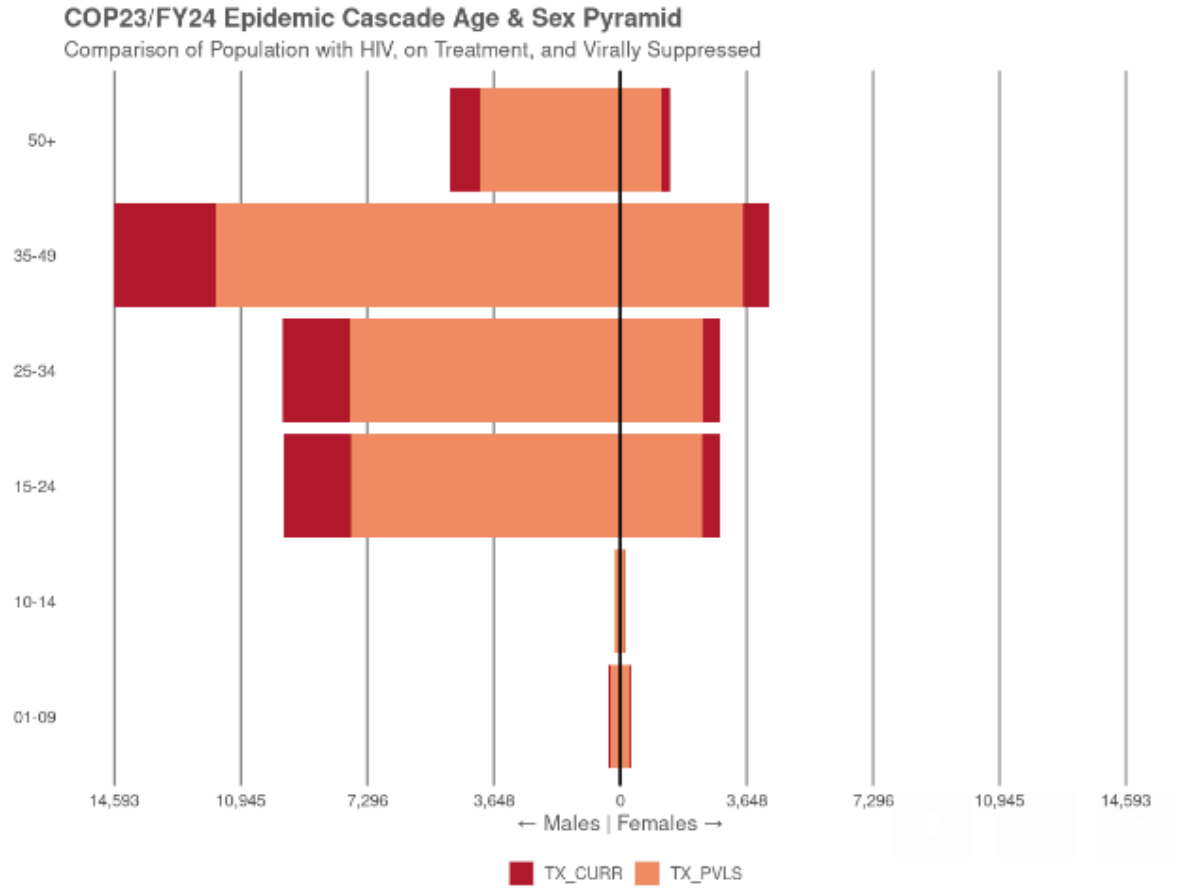

Figure 14: COP23/FY24 Epidemic Cascade Age & Sex Pyramid, Indonesia

APPENDIX B – Budget Profile and Resource Projections

Table 28: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Indonesia

Table B.1.1: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention

Country	Intervention	Budget	
		2023	2024
		$11,278,388	$10,815,000
Total		$11,278,388	$10,815,000
Indonesia	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$706,015	
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations		$311,141
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$1,009,127
	ASP>Human resources for health>Non Service Delivery>Key Populations	$16,826	
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$26,822	$2,985
	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations	$437,422	$590,670
	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$126,000	$194,360
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$402,651
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$109,655
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$162,990	$37,765
	ASP>Public financial management strengthening>Non Service Delivery>Key Populations	$100,000	$60,000
	C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$1,811,096	$1,024,530
	C&T>HIV Clinical Services>Service Delivery>Key Populations	$2,054,000	$4,142,796
	C&T>HIV Drugs>Non Service Delivery>Non-Targeted Populations	$107,287	$19,365
	HTS>Facility-based testing>Non Service Delivery>Key Populations		$109,172
	HTS>Facility-based testing>Service Delivery>Key Populations		$494,312
	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$463,388	
	PM>IM Program Management>Non Service Delivery>Key Populations		$114,280
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$2,486,848	$1,915,435
	PM>USG Program Management>Non Service Delivery>Key Populations	$7,350	$15,680
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$466,939	$175,297
	SE>Case Management>Non Service Delivery>Non-Targeted Populations	$38,266	$85,779
		$2,267,139	

Table 29: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, Indonesia

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Operating Unit	Country		Budget	
		Program	2023	2024
Total			**$11,278,388**	**$10,815,000**
Asia Region	**Total**		**$11,278,388**	**$10,815,000**
	Indonesia	C&T	$4,966,972	$5,186,691
		HTS	$228,000	$603,484
		SE	$38,266	$85,779
		ASP	$2,620,625	$2,718,354
		PM	$3,424,525	$2,220,692

Table 30: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, Indonesia

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Operating Unit	Country		Budget	
		Targeted Beneficiary	2023	2024
Total			**$11,278,388**	**$10,815,000**
Asia Region	**Total**		**$11,278,388**	**$10,815,000**
	Indonesia	Key Populations	$6,145,011	$7,265,232
		Non-Targeted Populations	$5,133,377	$3,549,768

Table 31: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, Indonesia

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Operating Unit	Country	Initiative Name	Budget	
			2023	2024
Total			**$11,278,388**	**$10,815,000**
Asia Region	**Total**		**$11,278,388**	**$10,815,000**
	Indonesia	Community-Led Monitoring	$489,248	$464,410
		Core Program	$10,789,140	$10,350,590

B.2 Resource Projections

This is not applicable to PEPFAR Indonesia.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

PEPFAR Indonesia used the results of the joint program review for the development of the PASIT. The Joint HIV-STI Program Review (2020-2022) aimed to evaluate the progress of implementation of the HIV-STI NSP 2020-2024, identify any remaining gaps and challenges, and provide recommendations for the development of the national HIV response. The program review was also used for Indonesia's GFATM Grant Application 2024-2026. PEPFAR Indonesia also participated in a series of country dialogues for the development of the Resilience and Sustainable System for Health (RSSH) funding request along with national and sub-stakeholders, including the NAP and PHOs in PEPFAR priority districts where we presented the progress of PEPFAR support and identified remaining gaps. In ROP 22, PEPFAR Indonesia supported MOH in finalizing SIHA 2.1 in order to collect cohort data for treatment initiation and retention and supported the PHOs and DHOs in 13 districts to collect and analyze HIV data using SIHA 2.1. In ROP 23, PEPFAR Indonesia will work closely with NAP and DTO to support the integration of SIHA 2.1 into SATU SEHAT.

ASP HMIS

The MOH Digital Transformation Office (DTO) is on a mission to transform healthcare delivery in Indonesia via the SATU SEHAT Platform, which provides data connectivity, analysis, and services to support and integrate various health applications in Indonesia, following the MOH's health system transformation agenda. PEPFAR Indonesia has identified gaps in our support to MOH for Health Management of Information System. This includes limited granular site levels data in SIHA 2.1 to carefully review the progress of MOH and PHO towards 95-95-95; fragmented plan for integration of SIHA 2.1 into Satu Sehat; and limited capacity within MOH to develop sound methodology related to the implementation of IBBS for KPs.

In ROP23 PEPFAR Indonesia will work closely with NAP and DTO to support the integration of SIHA 2.1 into SATU SEHAT. PEPFAR Indonesia plans to prioritize the above sites activities to finalize the development of SIHA 2.1 to better capture testing and treatment cohort in PEPFAR 13 priority districts, provide support to MOH to develop data standards and interoperability guidelines, and to support MOH to analyze and publish size estimation and IBBS report. The integration process will also take into account data security, and S&D considering that the latter are still major issues that hinder KPs and PLHIV from accessing and remaining in the services.

ASP Laws, Regulation, and Policy Environment

There are several barriers to creating resilient and sustainable systems for health. One of these is the lack of community engagement in monitoring HIV and TB services and the lack of capacity for communities to advocate for quality of services. In ROP23, PEPFAR will engage with sub-national stakeholders to address barriers related to adoption of person-centered care. Additionally, PEPFAR will support the MOH with drafting modifications of the regulation to allow for the coverage of all HIV services under the National health insurance program. There is a. PEPFAR Indonesia has also identified that there is limited understanding and knowledge of the implications of the penal code. In the ROP23, PEPFAR Indonesia plans to undertake further analysis of the potential implications to implementation of the HIV/AIDS program in PEPFAR 13 priority districts and will continue developing mitigation plans in close collaboration with CSOs and key national stakeholders. PEPFAR Indonesia plans to disseminate a policy brief as a result of the review with key stakeholders including CSOs across PEPFAR priority districts.

PEPFAR Kazakhstan

Vision, Goal Statement, and Executive Summary

With a population of 19.8 million (2023), Kazakhstan is one of the few PEPFAR-supported countries that has a growing HIV epidemic. In 2022, Kazakhstan registered 3,700 new HIV cases. Although the prevalence among the general population is relatively low (0.16%), the number of new HIV infections annually has almost doubled over the past decade. The Kazakhstan Scientific Center for Dermatologic and Infectious Diseases (KSCDID) alongside PEPFAR and the GFATM has taken concrete steps to turn the tide of this growing HIV epidemic. In March 2023, fundamental documents were approved including a Roadmap for the HIV program and a new clinical protocol. Both documents outline priorities for the Government of Kazakhstan (GOK) – aggressive PrEP expansion, implementation of a rapid test-based new HIV testing algorithm, and long-awaited transition to TLD.

The HIV epidemic in Kazakhstan Is concentrated among KPs including PWID (7.2%, N=79,900; 2020), MSM (6.9%, N=62,000; 2019), and commercial sex workers (1.3%, 21,500; 2019). New infections are rising most acutely among MSM, which has seen a doubling of HIV prevalence since 2015 (3.2%). Other priority populations include migrants and prisoners due to their increased vulnerability of engaging in high-risk behaviors and relatively lower access to HIV prevention and care services.

Kazakhstan continues to make progress towards reaching UNAIDS global target of 95-95-95 to end the HIV/AIDS pandemic as a public health threat by 2030 under the leadership of the Government of Kazakhstan, in partnership with PEPFAR and GFATM and with civil society.

SPECTRUM data indicate a significant change in PLHIV estimates from 35,000 in 2021 to 38,600 (2022); as a result, the first 95 substantially dropped in all the regions of the country. The national cascade is now 79-84-87 (as of December 31, 2022). Kazakhstan will continue implementing key person-centered policies and practices through aggressive roll-out of ‘Core Standards’, including DSD, expanded PrEP services and uptake, and ARV dispensing strategies (6-month MMD), as well as provide above-site support for sustainability of the HIV epidemic response in two PEPFAR-supported sites in Kazakhstan.

The PEPFAR-supported oblasts of Pavlodar (77-89-89) and East Kazakhstan (78-87-89) have seen significant improvement in program performance over the past five years. Together, these oblasts account for an estimated 20% of all PLHIV in the country and have relatively higher HIV prevalence compared to the national average. Given the limited geographic ‘footprint’, PEPFAR Kazakhstan will continue to implement innovative and impactful service-delivery programming that may serve as a model for the national program, and support key system-strengthening

activities that can improve national-level program performance. To achieve this, PEPFAR will support the GOK to ensure access to quality, evidence-based HIV-related services using a status-neutral approach including scale up of effective and efficient case finding, expansion of and streamlined access to PrEP and immediate linkage to support for treatment continuity.

Focus will be made on programs to more effectively address needs of PLHIV to achieve and sustain epidemic control using equitable, person-centered HIV prevention and treatment services to ensure current service availability and uptake gaps can be addressed, particularly among those at increased risk for HIV.

The ROP23 PEPFAR vision in Kazakhstan:

To achieve epidemic control, i.e., 95-95-95, in all populations (particular focus on high-risk populations) by 2030 by prioritizing PEPFAR strategic shifts and optimizing existing program successes.

Objectives:

a. Adopting and implementing a status neutral approach towards HIV testing
    a. Aggressive PrEP expansion for those most at risk for HIV
    b. New HIV testing algorithm and innovative case-finding
b. Maintaining high quality service delivery through:
    a. Site-level quality improvement via Granular Site Management (GSM)
    b. Active case-management (S4H, peer navigators)
    c. S&D prevention interventions (community, institutional, care providers)
    d. TLD transition
c. Emphasis on localization and sustainability for CBOs

To achieve these objectives, PEPFAR Kazakhstan will continue to make programmatic adjustments for aggressive scale-up of PrEP, transition to more optimized ART, support laboratory systems to optimize diagnostic network and VLT proficiency, support key population and PLHIV led CBOs and facilities to scale-up HIV testing (including expansion of testing modalities) focused on populations most at risk and immediate linkage to treatment for newly identified PLHIV and those clients on ART but not yet virally suppressed. PEPFAR will focus on institutionalization of CBOs within the national HIV response, including their financial

sustainability.

The major shifts in the program are that Kazakhstan will implement the updated clinical protocol and testing algorithm, start transition to TLD, and strengthen DSD within a 'status-neutral' framework. Focused and innovative programming to improve case-finding among KPs e.g., MSM, partners of PLHIV, and other at-risk populations, will be emphasized.

GOK funds 84% of the national HIV response, including 100% of the ART needs in the country but less than 10% of the HIV-related community organizations' services.

The structural barriers to epidemic control include interrupted supply of ART, especially in the beginning of each year related inconsistent availability of buffer stock. GOK does not provide an adequate budget through social contracting mechanisms to support local CBO's participation in the HIV response for KPs. Thus, HIV-related CBOs are mainly funded by donors.

Table 32: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression (2022), Kazakhstan*

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression* (2022)										
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	19,122,42	0.16	38,600	30,558	25,642	84	87	3,793,631	3,877	3,528
Population <15 years	5,670,984	0.01	184	298	292	98	84	100,097	27	27
Men 15-24 years	1,223,230	0.05	467	641	590	92	87	N/A	200	196
Men 25+ years	5,143,510	0.35	22,963	17,686	14,446	82	86	N/A	2,387	2,143
Women 15-24 years	1,165,076	0.04	366	433	394	91	86	N/A	78	77
Women 25+ years	5,919,623	0.2	14,707	11,500	9,920	86	89	N/A	1,185	1,086
MSM	62,000	6.9	4,275	1,566	1,411	90	90	1,023	308	296
FSW	21,500	1.3	380	327	234	72	86	1,068	18	18
PWID	79,900	7.2	11,405	9,618	7,859	82	85	12,567	786	715

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

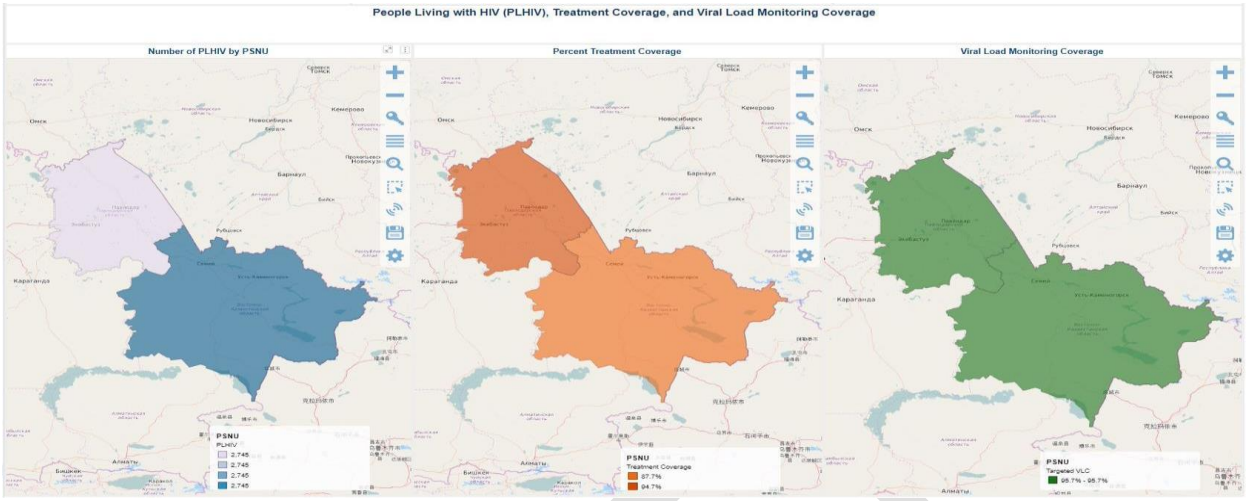

Figure 15: Map of People Living with HIV, Treatment Coverage, and Viral Load Monitoring Coverage, Kazakhstan

Table 33: Current Status of ART Saturation, Kazakhstan

	Current Status of ART Saturation				
Prioritization Area	**FY24 PLHIV Estimates**	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Attained	6,786	100%	4,883	2	2
Total National	**6,786**		**4,883**	**2**	**2**

Pillar 1: Health Equity for Priority Populations

Plan for KP services

PEPFAR Kazakhstan will continue its commitment to ensure all population groups at risk for HIV infection receive people-centered prevention and treatment services. This will be done through further continued scaling up of KP programs, targeting MSM and PWID populations. These include investments in case-finding activities, HIVST, and primary prevention of HIV among at-risk populations via PrEP. A programmatic shift in case-finding will occur in ROP23 which will result in an expansion from primarily index testing to include other testing modalities such as network-based approaches, as well as a wider adoption of status neutral approach immediately

linking of seronegative individuals to PrEP services.

PrEP coverage has continued to increase since it was first introduced in April 2021. However, coverage remains low at just 0.5% among estimated KPs. To address this, the GOK will procure PrEP for nearly 7,000 people at risk, including KPs, in 2024. PEPFAR will support the scale up of PrEP through site level work with "Friendly cabinets" which are designated private spaces staffed by HCWs that have the skills and experience to provide KP-competent services. PEPFAR will also address policy issues by working with KSCDID to revise national guidelines to be in line with WHO recommendations on simplified PrEP service delivery. In ROP23 there will also be a stronger focus on institutionalizing the role of CBOs with PrEP, particularly in terms of their potential role in PrEP initiation. PrEP demand generation activities will also be scaled up nationally, with increased focus on reaching youth KP through a broad array of marketing tools, including digital and social media marketing instruments.

Plan to address Stigma, Discrimination, Human Rights, and structural barriers

The level of S&D against KPs and PLHIV remains high in Kazakhstan. According to the PEPFAR-supported studies both self-stigma and stigma at health care facilities are obstacles to accessing the medical services for PLHIV and KPs. In ROP23, PEPFAR will focus on addressing S&D for health service providers. PEPFAR has learned from previous training of healthcare workers that a more comprehensive approach is needed to significantly improve the way providers consider and interact with PLHIV and particularly KP. Thus, to be able to successfully introduce visible changes, a collaborative, thoughtful and systematic interagency approach is required.

PEPFAR's vision for S&D is to create an initiative that introduces a culture of safe and friendly providers and spaces by developing and delivering systematic interactive capacity building opportunities resulting in certification of "Friendly providers" and "safe spaces" with further support provided via an online communication portal. In addition, PEPFAR will support the GOK in implementing the National S&D Advocacy Plan developed because of the collaborative effort of all stakeholders including PEPFAR and based on the results of the PLHIV Stigma Index 2.0. PEPFAR will take an active part in the technical working group and support implementation related to extending KP/PLHIV access to the guaranteed package of free medical care at PHC and inclusion of the KP definition in the Health Code. Performance will be assessed through incorporation of indicators into the CLM system. In FY22 PEPFAR conducted a general assessment of the CLM status in Kazakhstan as well as one CLM cycle. Findings of the

assessment and data collection formed the basis for the full-scale systematic and routine approach that will be introduced in FY23 and continued in ROP23.

Testing

In ROP23, PEPFAR Kazakhstan will continue further refinement and diversification of testing strategies to cover more KPs, identify more HIV cases and link more people to treatment.

GOK has updated the HIV testing algorithm to align with WHO guidance and reduce the time to diagnosis and linkage to treatment. PEPFAR will continue to support the GOK in the implementation of the new testing algorithm. By June 1, 2023, KSCDID will develop and approve a national plan to implement the new testing algorithm. The Government's primary concern is that only three WHO prequalified rapid tests are registered in the country. PEPFAR will work with the WHO on accelerated registration of at least six WHO prequalified rapid tests.

Facility-based testing

PEPFAR Kazakhstan will continue to support index partner testing. Demand creation for holistic index testing services will be maintained through on-site information sharing campaigns and through trainings for HCWs to ensure that these services are routinely described and offered to clients. In addition, PEPFAR will introduce and expand – based on efficiency rates – other testing modalities including network-based testing and self-testing linked to clinical service facilities. PEPFAR will continue to provide mentorship and supervision to local epidemiologists and clinical staff to implement routine and effective PNS for all newly identified PLHIV.

PEPFAR Kazakhstan will continue to actively promote the online self-elicitation and will add risk network referral (RNR) to complement index testing and capture social networks of index cases. In addition to the online system and HIVST distribution, PEPFAR will continue training facility staff who will coordinate this intervention, develop detailed SOPs and visual algorithms. HIVST kits will contain details on the testing process, and referral information, including for PrEP. A short message system (SMS) messaging system will support people to report their test results and connect with a health facility for confirmatory testing and treatment and for peer support.

Community-based testing

At the community level, PEPFAR will continue to support key population- and PLHIV-led CBOs in case finding and case management activities. In ROP23 PEPFAR will expand beyond index

testing as the primary modality to introduce diversified testing modalities. This will include intensified online outreach among MSM including new attention to reach youth. HIVST will continue to be distributed via community platforms (index, social networks, enhanced peer outreach approach (EPOA)) to reach and increase the uptake of HIV testing services among the targeted populations. Online distribution platform will be expanded to include HIVST self-pick-up through lockers, partner drug stores as part of the private sector collaboration and courier delivery through local service providers.

In ROP23, PEPFAR will continue to use archetype development to deploy tailored approaches for KPs and will also expand this marketing strategy to better reach youth KP. A youth engagement strategy will be developed as a separate tool, which will assess existing barriers preventing young KPs from accessing HIV testing, prevention, counselling, treatment and support services, and recommendations on how to address them.

To further attract hard-to-reach KPs for HIV testing services, PEPFAR will support CBOs to obtain approval from GOK for expansion of health services to also include STI testing. They will also continue to provide harm reduction commodities (needles and syringes) in partnership with GFATM. HIVST are always offered with these commodities.

Pillar 2: Sustaining the Response

Country-Led Sustainability Approach

Maintaining HIV prevention and treatment coverage and sustaining the gains made by PEPFAR over two decades will be critical components of the ROP23 strategy. GOK in collaboration with PEPFAR, GFATM, UNAIDS, and civil society have developed and approved the National Roadmap on the implementation of activities to stop HIV-infection in Kazakhstan for 2023-2026. The roadmap is a foundation of the strategic vision of the country and is a crucial brick in the sustainability pillar. GOK funds approximately 90% of the HIV response and will be the primary funder of the Roadmap.

Key activities addressing S&D will focus on the development and approval of the National Advocacy Plan to Combat S&D, including making amendments to the Law on HIV infection with regards to decriminalization, raising awareness of the general population about HIV (campaigns, seminars, trainings), and delivering trainings to all physicians and nursing staff on HIV as part of their refresher courses nationwide.

Issues that may impact the OU to achieve and sustain the goal of epidemic control

Kazakhstan remains one of a few PEPFAR supported countries with a growing HIV epidemic. Between 2010 and 2023, the number of new infections almost doubled. The current testing algorithm uses Western blot which increases time for diagnosis confirmation. The most effective treatment, TLD, is not available in the country yet. PLHIV and KPs face stigma and discrimination. CBOs are primarily reliant on donor funding. All these factors influence the achievement and sustainability of epidemic control.

PEPFAR Engagement in Integrated National Plan

In ROP23, PEPFAR will provide TA in the national PrEP demand generation campaign; implementation of the national testing algorithm; transition to TLD; work on S&D and strengthening the role of CBOs.

Capacity Building towards Country-led Sustainability

In ROP23, PEPFAR will provide updated information and training that helps to shape the program on HIV prevention (status neutral approach and PrEP); updates to the HIV testing algorithm, testing modalities, and transition to TLD. PEPFAR will continue Granular Site Management (GSM) activities in PSNUs and provide training to other regions, provided full adoption of the new testing algorithm.

CBOs remain a driving force in the national HIV response. However, they continue to be highly dependent on donor funding. To address this, PEPFAR will continue to support the GOK and CBOs to plan for financial sustainability of these services, including capacity building and advocacy efforts related to social contracting and social entrepreneurship. In ROP22, PEPFAR conducted a fiscal space analysis for the GOK to compare cost efficiencies to better understand the available resources and funding gaps for community-based HIV services. According to the results of the fiscal space analysis, increasing community-based service coverage (all else constant) would potentially save national HIV spending by nearly US$4.6 million in 2025 and US$10.8 million in 2030, while averting approximately 1,000 additional HIV cases. The GOK has included social contracting mechanisms in the newly approved Roadmap. Section 2.5 includes social contracting opportunities for HIV prevention programs that are being implemented by KP-led NGOs targeting KPs, PLHIV and former inmates of prisons. In ROP23, PEPFAR will continue to support other options for financial sustainability, including capacity building related to social entrepreneurship.

Pillar 3: Public Health Systems and Security

Strengthening Regional and Public Health Institutions

PEPFAR has been collaborating with the GOK on improving data systems and strengthening public health systems and institutions. PEPFAR will continue implementing case-based surveillance for PLHIV, recency surveillance for better identification of recent infections and outbreak response. PEPFAR will also engage with the CDC Field Epidemiology Training Program (FETP) to identify HIV/AIDS-focused health staff at the national and sub-national levels. These candidates will be enrolled into FETP to strengthen their applied epidemiology skills within the HIV/AIDS response as well as a wider range of public health concerns.

Person-Centered Care that Addresses Comorbidities

Overall PEPFAR will continue to expand services for PLHIV to provide patient centered care with focus on newly diagnosed, returning to care, or not virally suppressed clients. Integration of Services with STIs, Hepatitis B, C will be standard of care in HIV clinical care. CBOs will be supported to receive approval from GOK for expansion of health services to also include STI testing.

Continuous Quality Improvement

PEPFAR implements a robust performance management program that includes routine monitoring of progress towards strategy implementation, monthly expenditure, and progress reports review. PEPFAR regularly engages in strategic and technical discussions with Ips to review progress, identify gaps, and share best practices for implementation. PEPFAR conducts joint Site Improvement through Monitoring System (SIMS) visits to the PSNUs. In ROP23, PEPFAR will continue DQA visits and GSM to ensure engagement in and mentorship and oversight of site-level services. PEPFAR has undertaken continuous and significant efforts on person-centered case management through the Support for Health and CBOs. In ROP23, PEPFAR will undertake additional efforts to routinize U=U messaging. PEPFAR will also incorporate mental health activities into prevention and treatment services across all sites in ROP23.

Addressing AHD

In ROP23, PEPFAR will develop and implement an enhanced support intervention for patients diagnosed with AHD. The intervention will include screening for opportunistic infections and preventive treatment, weekly home-visits and/or clinical check-in calls by facility-based clinical

teams. The goal of the intervention will be to reduce mortality and improve quality of life among patients diagnosed with AHD. PEPFAR will focus on training and mentoring of clinical staff, utilizing Electronic HIV Case Management System (EHCMS) to profile risk factors for AHD, and performance-based incentives and reimbursement of transportation and mobile phone costs for facility-based multidisciplinary team.

Strengthening Laboratory Systems

PEPFAR will continue supporting the national HIV laboratory system including TA with expert review and implementation of a new national HIV testing algorithm. Specific areas of support include preparations of national laboratories for ISO 15189 accreditation; participation of laboratories in the External Quality Assessment /Professional Testing (EQA/PT) programs on HIV VL and HIV EID; assist KSCDID in the WHO pre-qualification process for HIV rapid tests.

Strengthening community-based services

On the community level in ROP23, PEPFAR will continue building CBO capacity for data quality assurance, analysis along the HIV cascade to identify gaps and conduct regular data-to-action analysis. PEPFAR will finalize introduction of the digital case management platform, InfoLink (based on DHIS2) and continue providing capacity building for CBOs to analyze program data to capture changing trends in the epidemic (increased sexual transmission, emerging importance of synthetic drug users). Continued support will be provided to CBOs in expanding community monitoring through LINK – the online platform to collect client feedback and complaints, analyze and improve programs using feedback, and respond to reported adverse events. PEPFAR will continue to work with partners to review and prioritize any gaps in safety and security and plan TA to prevent and respond to issues. PEPFAR will continue to monitor and address gender-specific quality concerns and gender-based stigma and violence and support providers in delivery of gender-sensitive services and communication. Moreover, PEPFAR will also support strengthening of mental health offerings to beneficiaries and CBO staff. After an assessment of mental health needs a set of recommendations will be developed outlining next steps to ensure client-centered mental health services are accessible.

In ROP23, PEPFAR's efforts in strengthening community-led initiatives to sustain national public health institutions will be implemented through capacitating CBOs to expand delivery of community-based, people-centered services. In this regard, focus will be given to setting regulatory framework and advocacy work for CBOs to be able to receive GOK approval to

expand health service delivery to include Hepatitis B, Hepatitis C, and STI testing. The next step will include advocacy efforts in obtaining reimbursements for HIV community services through the national social health insurance scheme.

Pillar 4: Transformative Partnerships

Through transformative partnerships, we will continue working to eliminate the inequities and service gaps that still stand in the way of progress. PEPFAR will accomplish this through strategic partnerships with stakeholders to attract additional resources, properly redirect and allocate them to high priority areas of the national HIV/AIDS program. PEPFAR Kazakhstan closely collaborates with the GOK as well as GFATM, civil society, and UNAIDS on HIV programming to scale PEPFAR core standards, address sustainability risks, and provide technical input to ensure countries are accelerating and sustaining the gains towards 95-95-95.

In Kazakhstan, the development of ROP23 was a participatory process, which included consultation with all the key country's stakeholders of the HIV national response. PEPFAR engaged country stakeholders in multiple individual and group meetings and calls. The GOK, GFATM, UNAIDS, civil society, and PSNUs CBOs participated in the ROP23 planning meeting. The stakeholders recommended to include support of PrEP implementation at the site and policy levels, support community organizations in receiving state funding and capacity building measures, and increased community participation in decision making and monitoring of the national HIV response.

PEPFAR Kazakhstan will continue to coordinate with all stakeholders through several platforms including the Country Coordinating Mechanism and HIV working groups. PEPFAR team will maintain its active involvement in all HIV strategy development, sustainability, CLM and technical initiatives in ROP23.

Kazakhstan will apply a multidisciplinary, multiagency approach to address the S&D issues at medical facilities by the joint effort of AIDS centers staff and CBOs in PEPFAR supported sites (described in detail in Pillar 1: Health equity section). Performance may be assessed through incorporation of indicators into the CLM system. In ROP22, PEPFAR initiated transformative partnership activities to promote sustainability agenda for CBOs on a local level. The activities included accompanying CBOs in understanding the legal framework of social contracting opportunities, assisting them in learning the process of applying for a social contract and liaising with corresponding local authorities in charge. In ROP23, PEPFAR will continue its strategic local partnership efforts which will include accompanying CBOs in the development of a budget

request and concept note and further submission to the local Healthcare department and regulatory body “Maslikhat” for review. In ROP23 PEPFAR will focus on further promotion of the impact (public health and economic) that institutionalization of CBOs in the national HIV response can bring on both levels – locally and nationally.

Pillar 5: Follow the Science

Aligned with the UNAIDS ‘Know your epidemic, Know your response’ framework, and the recently updated HIV Strategic Information guidelines, PEPFAR Kazakhstan continues to support a range of activities and systems to ensure an understanding of the burden of HIV by location and population as well as to monitor patient- e.g., clinical care, and program-level e.g., cascade, performance. EHCMS will be supported to serve as a more holistic HIV CBS in facilities; InfoLINK in CBOs. This support will include routine data reviews and client follow-up at the sub-national levels as well as granular and real data analysis and response to data trends at the national level. Support for recency surveillance among those newly diagnosed with HIV will occur at both site and national levels with PEPFAR support to develop and disseminate policy, guidelines, training curricula for health care providers and laboratory staff, and tools; and through expansion, monitoring, and data utilization to identify geographic and demographic hotspots of recent infections.

Strategic Enablers

Community Leadership

Civil society and CBOs play a major role in the national HIV response. Their contribution to the HIV cascade in PSNUs is significant: from Oct 2022 to March 2023 46% of new cases found and 52% of those initiated on treatment are attributed to CBOs.

CBOs were actively involved in the development of the new National HIV Roadmap and the National Advocacy Plan to combat S&D. Civil society and CBOs have been engaged at each step of the development of the ROP23 including their active participation in the co-planning meeting in Bangkok.

In addition to site level HIV services delivery, additional community related ROP23 activities will focus on institutionalizing CBOs. Such measures will include capacity-building in social contracting and assisting CBOs in obtaining a medical license which will allow them to provide a wider range of community-based services (STI, Hepatitis B, Hepatitis C testing, PrEP initiation)

and increase coverage of HIV testing and support service clients. There will also be a comprehensive initiative on S&D ensuring certification of providers as friendly service-delivery "Safe spaces". CLM will be continued in two PEPFAR-supported PSNUs with four cycles to be accomplished by the end of FY24.

Innovation

Several key ROP23 activities planned in Kazakhstan fall under the domain of the Innovation enabler, including:

- Support for implementation of the newly approved testing algorithm in alignment with WHO recommendations which will decrease the time to diagnosis and speed up linkage to treatment. The new algorithm will be implemented in Kazakhstan within next two years.
- Introduction of the status-neutral approach with expansion of testing modalities with an emphasis made on distribution of self-test kits through cost-efficient modalities e.g., online, through pharmacies, CBOs, and facilities.
- Support GOK to implement the newly approved transition plan to TLD and DTG regimen for most of PLHIV.
- Expansion of community-based services including PEPFAR support CBOs to receive GOK approval to expand their services (which require medical licensure).

Leading with Data

PEPFAR will continue to support the implementation, maintenance, and utilization of the Electronic HIV Case Management System (EHCMS). As a longitudinal patient-based electronic medical record, EHCMS has been adopted, and recently migrated to a web-based platform, by the GOK as the approved facility case-management information system that also provides real-time data. EHCMS will continue to be utilized for clinical and programmatic management and improvement as well as the foundation for case-based surveillance.

PEPFAR will collaborate with KSCDID and oblast-level AIDS departments to strengthen their HIV surveillance among high-risk populations. KSCDID conducts annual HIV surveillance across the country. Through PEPFAR, CDC will provide technical support on the design, implementation, and utilization of this routine surveillance to help ensure fidelity to the protocol and alignment with global standards. PEPFAR will provide TA in implementation of the BBS in three pilots with CDC-approved protocol to have reliable data on KPs.

Recency surveillance has been designed and approved with implementation initiated in late FY22 and continuing via the routine HIV counseling and testing program in Kazakhstan. Aggregate data by age, sex, risk group and location among newly identified HIV clients with recent infection will be shared with country stakeholders (MOH, civil society, health facilities, international partners, and donors) on an ongoing basis to guide public health response as well as prevention and control measures.

Target Tables

Table 34: ART Targets by Prioritization for Epidemic Control, Kazakhstan

ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24)** ***TX_CURR***	**Newly Initiated Target (FY24)** ***TX_NEW***	**ART Coverage (FY24)**
Attained	**6,786**	**-**	**5,955**	**6,116**	**281**	**90%**
Total	**6,786**	**-**	**5,955**	**6,116**	**281**	**90%**

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.
    - ❖ In ROP23, PEPFAR will continue to scale-up index testing in accordance with the PEPFAR Guidance on implementing safe and ethical index testing. Access to HIVST will be expanded through both facility and community distribution using various modalities including online outreach and delivery.
    - ❖
2. **Fully implement "test-and-start" policies.**
    - ❖ Test and start' as a vision have been included in the clinical protocol in Kazakhstan since 2018 with varying degrees of implementation across the country. The duration between diagnosis and treatment initiation has decreased over the past three years due to the concentrated effort to orient HCWs and the population to the benefits of rapid initiation of ART.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**
    - ❖ Increasing PrEP availability, uptake, and coverage is a core objective of GOK and PEPFAR. In ROP23, PEPFAR, in collaboration with GOK and stakeholders, will aggressively scale up PrEP as part of the core package HIV prevention services. PEPFAR will continue to support the GOK to institutionalize the provision of PrEP services in health facilities and the community to ensure wide and easy access for this effective intervention by those most at risk for HIV.

4. **Provide (OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.
    - ❖ This is not applicable to PEPFAR Kazakhstan.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
    - ❖ HIV services offered through the public health system are free for registered citizens of Kazakhstan and covered through the mandatory social health

insurance fund (MSHIF). Treatment of opportunistic infections is not free for patients. In ROP23, KSCDID will work on tariffs to make the treatment of opportunistic infections covered by the MSHIF. Challenges persist for non-citizens, for individuals that are not able to provide official identification documentation, or for those who are not contributing to MSHIF. This can be problematic for marginalized groups e.g., PWID, homeless.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity.**

- ❖ In ROP 21 PEPFAR co-funded the PLHIV Stigma Index 2.0 that formed the basis of the National Advocacy Plan for Stigma and Discrimination. PEPFAR also took part in the development of the Plan as a technical working group member. The Plan includes 19 tasks in different S&D related domains such as legislation, decriminalization, clinical care (including sexual health), gender identity, workplace protections, support services for foreign citizens and migrants, CLM. PEPFAR will continue supporting the GOK in implementing the plan as an active TWG member. In ROP23, PEPFAR will focus on addressing S&D for health service providers to strengthen their capacity in providing health services free of stigma to PLHIV and KP (described in Pillar 1: Health Equity section). Furthermore, within regulatory framework, PEPFAR will be engaged in the following legal aspects as a TWG member: provide advocacy work in decriminalization of storage of drugs for personal use only and continued informational support work for PWID groups explaining their rights, development of standards of psychological and adherence support services so that KPs have access to these services through the state funded medical benefits package, introduce to the Health Code legal definitions for “KP groups” and provide advocacy support for their inclusion in the code.

7. **Optimize and standardize ART regimens.**

- ❖ To date, Kazakhstan has lagged behind in the adoption and implementation of TLD as a 1st-line HIV treatment regimen. With the support of a range of stakeholders, including PEPFAR, the GOK is moving forward with a full transition to TLD by 2026. The regulatory and procurement processes are being finalized with roll-out to begin in FY2024.

8. **Offer DSD models.**

- People-centered models of care will continue to be introduced and scaled in Kazakhstan in ROP23. These models, including MMD and DDD, are designed to improve access to HIV services including PrEP, HIV testing and treatment initiation/continuity. In ROP23, PEPFAR will work with KSCDID to have more PLHIV on 6-month MMD. Kazakhstan started to decentralize drug distribution in PSNUs. Currently, in the remote districts of East Kazakhstan Oblast, primary health care doctors began to distribute ART including telehealth programs to facilitate clinical management in remote areas, and CBOs continue to delivery ART as needed. Furthermore, PEPFAR will continue advocacy work for CBOs to be able to provide more services at the community level – including STI, Hepatitis B, and Hepatitis C testing.

9. **Integrate TB care.**

- All PLHIV are screened at every clinical encounter for TB symptoms (fever, cough, night sweats, or weight loss). They also perform chest radiography for those screened positive for TB as well as Gene expert molecular diagnosis. New molecular WHO-recommended Rapid Diagnostic tests are not available in the country. In FY24, PEPFAR will add C-reactive Protein (CRP) test in the TB screening.

10. **Diagnose and treat people with AHD.**

- Review of patient data in EHCMS indicates that 10-19% of individuals newly diagnosed with HIV have a CD4 count less than 200 cells/ml indicating AHD with increased mortality among those clients. To help address this, PEPFAR will work with the GOK to develop and implement a package of services including screening for AHD, training for improved clinical monitoring for AHD indicating conditions e.g., extrapulmonary TB, IRIS, and cryptococcal meningitis.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**.

- In Kazakhstan, VL suppression is routinely monitored at that site and above-site levels to address gaps in VLC and suppression by demographics and location. PEPFAR Kazakhstan will continue to provide GSM to improve VLC and suppression levels in SNUs. GSM will employ a collaborative quality-

improvement approach at the site level to systematically identify key barriers and practical solutions for a particular program area, e.g., VLC and suppression. Facility staff and TA providers then work together to implement those solutions and to monitor results.

12. **Integrate effective QA and CQI practices into site and program management.**

- To ensure CQI, PEPFAR Kazakhstan provides support via GSM that employs a 'plan, do, study, act' approach to identifying and solving service delivery concerns. This participatory process involves staff at the national, oblast, facility, and community levels to review program data, identify problems, and implement solutions for improvement. These efforts include continuation of intense, site level support with key programmatic focus areas targeting retention, VLC and VLS.

13. **Offer treatment and viral-load literacy.**

- Treatment and VL literacy are key components of the PEPFAR approach at both the community and facility level. At the facility level, a module in the EHCMS, called "Cabinet of the patient", allows PLHIV to access laboratory results, medical appointments, and basic information on their treatment using their mobile phone. The AIDS centers use the flipchart developed with ICAP's support for quality consultation of patients on adherence and VLS, and U=U. PEPFAR includes the information on U=U with HIVST kits.
- At the community level peer navigators use counseling materials during client consultations that use infographics and client-friendly messages about ART, VL, U=U, adherence, as well as questions and strategies to overcome barriers for treatment continuity and how to reinitiate treatment. Weekly support groups are also led by CBOs for clients to openly discuss their concerns, questions, struggles and motivational success stories regarding living with HIV, VLS fears and adherence concerns. Groups are led by experienced peer navigators, coordinator and/or psychologist.

14. **Enhance local capacity for a sustainable HIV response.**

- Civil society and CBOs are an invaluable asset to the country's HIV response. PEPFAR Kazakhstan meaningfully engages CSOs to the PEPFAR processes to design and support services to address health needs of KP and PLHIV and to

help stakeholders diagnose and pinpoint persistent problems, challenges, and barriers with service uptake and client outcomes at the site level. In ROP23, PEPFAR will continue building CBO capacity to actively participate in the overall HIV service quality monitoring and improvements and lead implementation of CLM efforts. Achieving long-term sustainability requires a substantial reorientation of our program with promoting strategic financing: domestic resource mobilization, including social contracting and other financing solutions for CBO sustainability. CBO capacitation will also include social entrepreneurship and management trainings.

- ❖

15. **Increase partner government leadership.**
    - ❖ GOK funds about 90% of the National HIV Response and 100% of ART procurement with following transition to TLD nationwide. There is a strong political commitment to partner with PEPFAR to design and implement innovative and impactful service-delivery programming that serves as a model for the national program as well as to support key system-strengthening activities that can improve national-level program performance. KSCDID continues to demonstrate strong leadership, governance, and coordination of the HIV response. Partner government leadership will also be strengthened on a local level in both PEPFAR sites where advocacy efforts on CBO capacitation will be continued in ROP23.

16. **Monitor morbidity and mortality outcome.**
    - ❖ Under the direction of KSCDID, EHCMS will continue to be utilized as an HIV case-based surveillance platform as it is capable of collecting and reporting on the required HIV 'sentinel events' including HIV-related mortality. In addition, PEPFAR will continue to engage in the UNAIDS Spectrum estimation process that works to determine HIV-related mortality for the local context.

17. **Adopt and institutionalize best practices for public health case surveillance.**
    - ❖ Under the direction of KSCDID, EHCMS will continue to be utilized as an HIV case-based surveillance platform as it is capable of collecting and reporting on the required HIV sentinel events.

USG Operations and Staffing Plan to Achieve Stated Goals

- PEPFAR will no longer support a dedicated SI advisor for USAID in ROP23. No additional changes to its USG staffing footprint are anticipated. PEPFAR strongly recommends a review of the current staffing allowances and how those can be adjusted to better serve PEPFAR goals and objectives.
- *Explain Long-term Vacant Positions:* No vacancies longer than 6 months.
- *Justify Proposed New Positions:* PEPFAR does not anticipate new positions in ROP23. Explain major changes to CODB: CODB in ROP23 has increased relative to ROP22 for CDC. This is largely driven by the increased salaries and associated ICASS costs i.e., cost of doing business. For USAID the CODB in ROP23 has decreased due to the elimination of the SI advisor position.

APPENDIX A – PRIORITIZATION

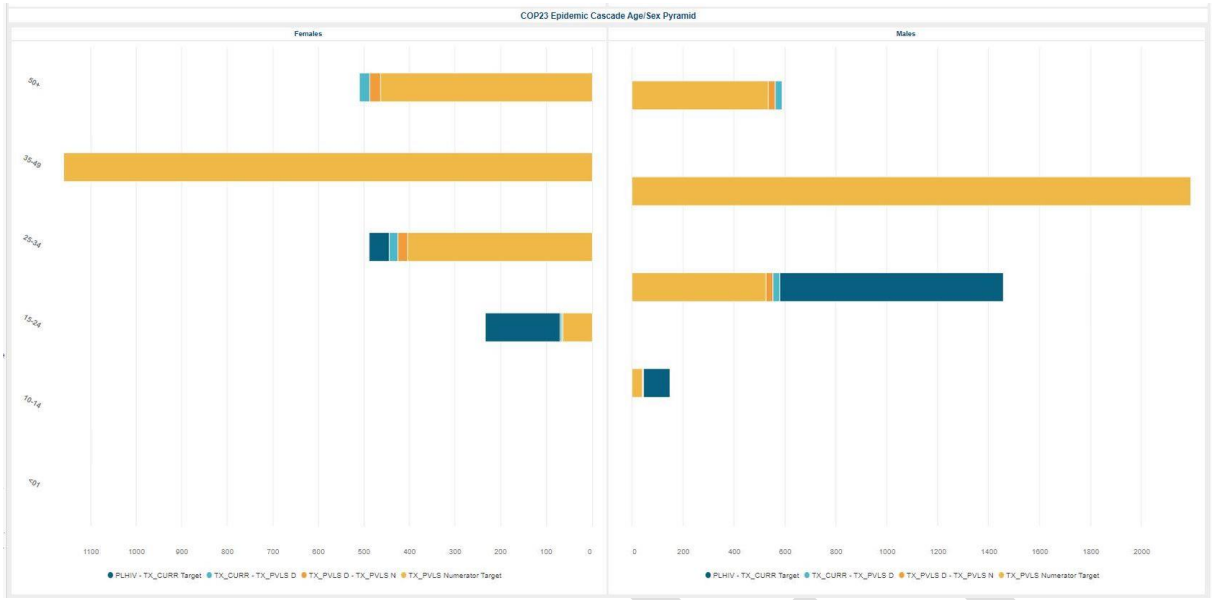

Figure 16: Epidemic Cascade Age/Sex Pyramid, Kazakhstan

APPENDIX B – Budget Profile and Resource Projections

Table 35: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Kazakhstan

Table B.1.1: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention

Country	Intervention	Budget	
		2023	2024
		$3,410,000	$3,410,000
Total		$3,410,000	$3,410,000
Kazakhstan	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$62,040
	ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	$16,759	
	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$208,052	
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$54,207	$60,763
	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations	$100,000	
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$184,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$115,000
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$27,729	$11,065
	ASP>Public financial management strengthening>Non Service Delivery>Key Populations	$120,000	
	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations		$72,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$80,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$58,799
	C&T>HIV Clinical Services>Non Service Delivery>Key Populations		$25,900
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$271,558	$288,861
	C&T>HIV Clinical Services>Service Delivery>Key Populations		$194,250
	C&T>Not Disaggregated>Service Delivery>Key Populations	$185,500	
	HTS>Community-based testing>Non Service Delivery>Key Populations	$23,400	$51,800
	HTS>Community-based testing>Service Delivery>Key Populations	$185,500	$228,000
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$51,207	$165,544
	HTS>Facility-based testing>Service Delivery>Key Populations	$121,800	$16,310
	HTS>Not Disaggregated>Non Service Delivery>Key Populations	$24,700	
	HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$59,075	
	PM>IM Closeout costs>Non Service Delivery>Key Populations		$5,000
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$590,230	$613,807
	PM>USG Program Management>Non Service Delivery>Key Populations	$11,700	$57,000
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$801,893	$824,948
	PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$7,156	$20,000
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$77,700
	PREV>Not Disaggregated>Non Service Delivery>Key Populations	$11,700	
	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$59,075	$32,000
	PREV>PrEP>Non Service Delivery>Key Populations	$69,109	$74,763
	PREV>PrEP>Service Delivery>Key Populations	$58,500	$90,650
		$351,150	

Table 36: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, Kazakhstan

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Country	Program	Budget	
		2023	2024
		$3,410,000	$3,410,000
Total		$3,410,000	$3,410,000
Kazakhstan	C&T	$492,158	$509,011
	HTS	$465,682	$461,654
	PREV	$274,590	$295,113
	ASP	$773,747	$643,667
	PM	$1,403,823	$1,500,555

Table 37: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, Kazakhstan

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Country	Targeted Beneficiary	Budget	
		2023	2024
		$3,410,000	$3,410,000
Total		$3,410,000	$3,410,000
Kazakhstan	Key Populations	$1,286,974	$1,105,373
	Non-Targeted Populations	$2,123,026	$2,304,627

Table 38: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, Kazakhstan

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Country	Initiative Name	Budget	
		2023	2024
		$3,410,000	$3,410,000
Total		$3,410,000	$3,410,000
Kazakhstan	Community-Led Monitoring	$125,000	$143,000
	Core Program	$3,285,000	$3,267,000

B.2 Resource Projections

Required resource projections were based on previous achievements, costing e.g., staffing, commodities, scale of targets-set and program objectives. Program objectives were identified through consultative process with the national level stakeholders and program implementation evidence complimentary to planned efforts by the GOK and GFATM. Prior year expenditure, current experience of cost of doing business, ROP23 funding envelope and earmarks, and funds required for emerging program needs to address gaps were used to allocate ROP23 budgets.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

In Kazakhstan, the process for identification of above site and systems investments to prioritize in ROP23 was participatory and inclusive, involving consultation with all the key country's stakeholders of the HIV national response. PEPFAR engaged country stakeholders in multiple individual and group meetings and calls. The GOK, GFATM, UNAIDS, civil society, and PSNU CBOs participated in the ROP23 planning meeting in Bangkok and follow-up calls with S/GAC afterwards.

The rationale and process for narrowing scope for PASIT activities was the identified system gaps discussed with the country stakeholders prior to and during the ROP23 co-planning meeting in Bangkok. Four key systems gaps were identified, with PASIT activities planned to resolve the identified gaps.

- Gap#1 – Gap in nationwide scale-up of PrEP is addressed in PASIT (rows 8 and 14). The gap is that PrEP coverage in the country is low. PEPFAR will participate in the development and implementation of the national demand generation campaign; help the government to plan sufficient procurement of medicines for PrEP; participate in the TWG on revising the National Plan for PrEP implementation and push for PrEP initiation (and expanded distribution) by CBOs.Gap#2 – Gap in reaching 1st 95 is addressed in PASIT (rows 7 and 13). PEPFAR will provide TA in implementation of the new rapid test-based HIV Testing Algorithm through working on development of the National Plan for HIV testing Algorithm implementation, helping the GOK to accelerate registration of WHO prequalified rapid tests, decentralization of testing to the level of primary health care and CBOs with confirmatory tests at the oblast AIDS Centers. PEPFAR will scale up HIV testing modalities (HIVST, HIV index testing, EPOA, RNR etc.)
- Gap#3 – Gap in reaching 2nd and 3rd 95 is addressed in PASIT (rows 8, 9 and 20). PEPFAR will help the GOK to gradually transit to TLD, continue successful GSM activity for continuous quality improvement, address S&D issues in facilities through training and monitoring by medical staff and communities.
- Gap#4 – Gap in sustainability of Civil Society sector is addressed in PASIT (rows 15, 16, 17). The main sustainability gap currently is high donor dependency of CBOs. To address it, PEPFAR will apply a comprehensive approach in institutionalizing CBOs in the national HIV response. Advocacy and policy-building activities will be continued to address KP-led service delivery through social contracting, and capacity building for

CBOs will be enhanced through management, social entrepreneurship, financial literacy, and business plan development skills trainings for CBO staff. Support will also be provided to CBOs to expand health service delivery and to obtain reimbursement for HIV community services through the MSHIF.

The activities described in PASIT will leverage systems investments by GOK and other donors. PEPFAR will closely work with the KSCDID and other international organizations to scale up the successful activities to the national level. According to KSCDID, GSM approach resulted in better coverage by and improved quality of HIV services. ICAP plans to provide GSM training for other regions. Successful implementation of the online HIVST activities by PEPFAR will be scaled up to the national level with support from GOK and GFATM. GOK has included investments in the new GFATM proposal to scale CLM based on the pilot conducted in PEPFAR sites.

For each of the PASIT activities, SMART outputs and outcomes have been identified to effectively monitor progress achieved in closing system gaps as a result of implementation of the PASIT activities.

Digital health investments, both above site and site level, support the ongoing implementation of GOK HIV response and PEPFAR ROP23. These include the PEPFAR developed EHCMS, LINK, and other digital tools which give providers a more holistic view of patient health through access to real-time data. The quality of collected data will be improved with the use of digital health investments. Digital health offers opportunities to improve medical outcomes, enhance transparency, and enhance efficiency.

The main goal of the ROP23 systems investments is to create a favorable environment and policies to successfully implement best, evidence-based practices in Kazakhstan. The indication that the system is adequately functioning will be that all the expected outputs and outcomes are achieved, the systems led and owned by the host country partners and managed with increasing efficiency and in a sustainable manner.

The final PASIT-E from the Planning Activities for Systems Investment Tool (PASIT), including the Surveys, Surveillance, Research and Evaluation (SRE) is included in Appendix C.

The final PASIT and sub-set of the SRE tool are integrated in the FAST and will be submitted with the SDS for final COP approval.

APPENDIX D – Optional Visuals

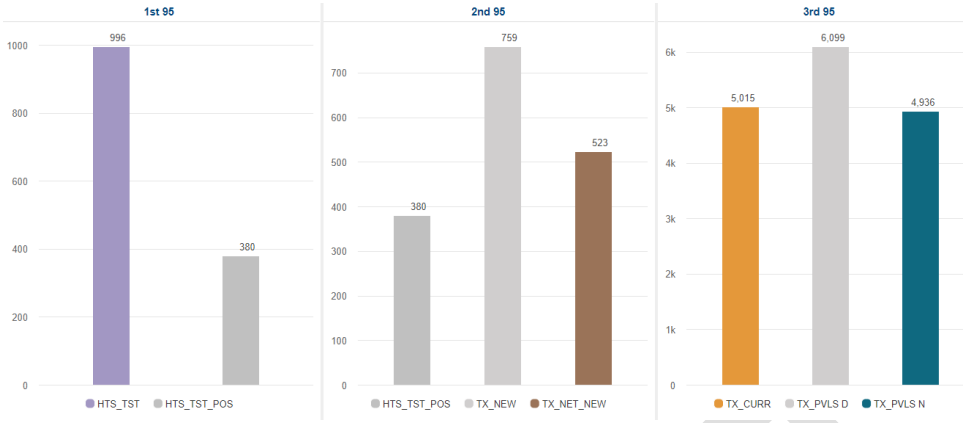

Figure 17: Overview of 95/95/95 Cascade, FY23, Kazakhstan

Clients Gained/Lost from ART by Age/Sex, FY22 Q4

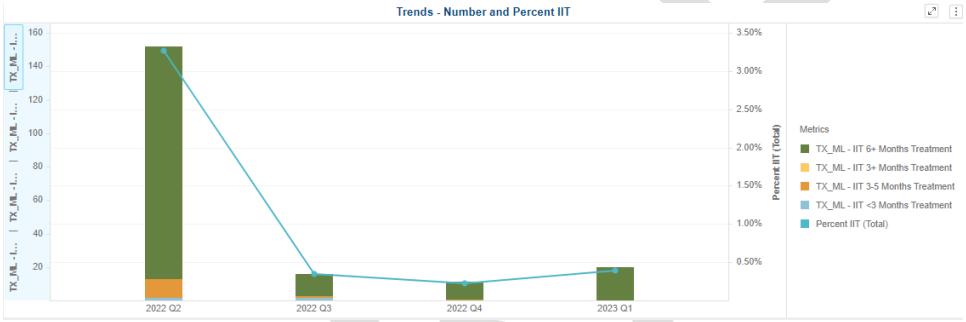

Figure 18: Clients Gained/Lost from ART, FY22 Q2-FY23 Q1, Kazakhstan

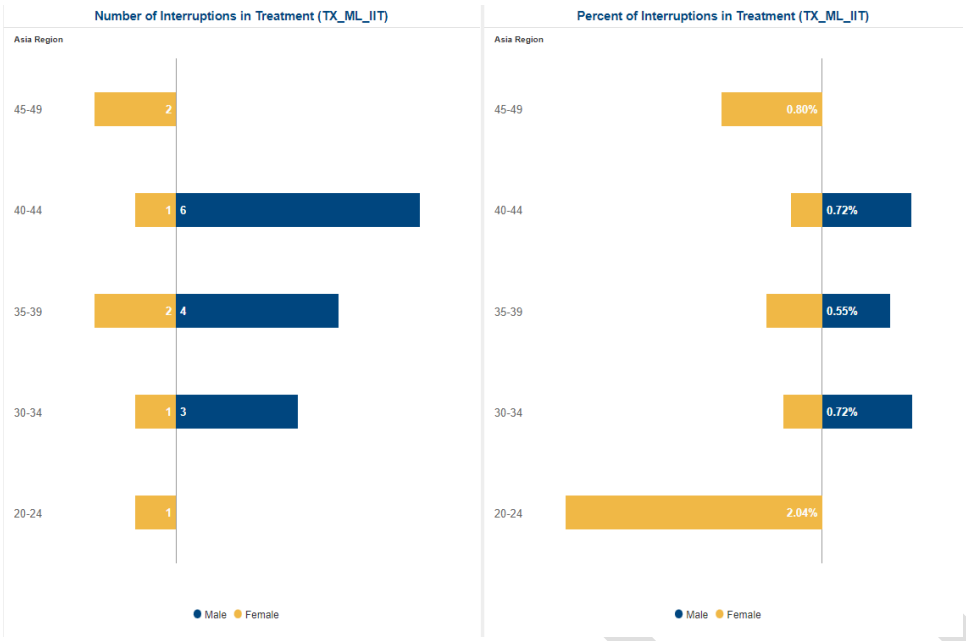

Figure 19: Clients Gained/Lost from ART by Age/Sex, FY22 Q4, Kazakhstan

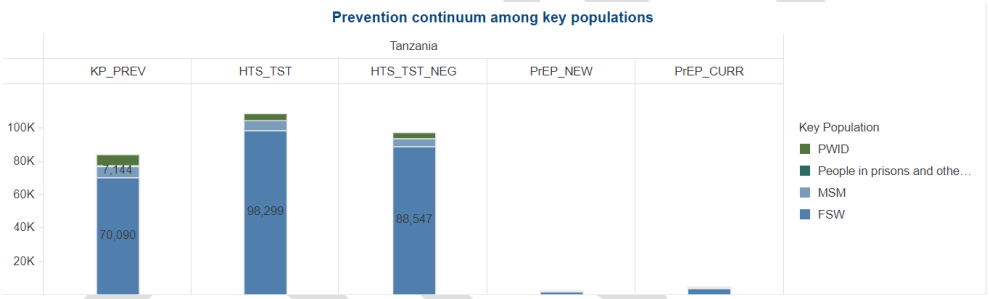

Figure 20: Prevention Continuum by Key Population Group, Kazakhstan

PEPFAR Kyrgyzstan

Vision, Goal Statement, and Executive Summary.

The Kyrgyz Republic (KR) is a landlocked country of 6.8 million people, occupying a strategic location in the middle of Central Asia, neighboring People's Republic of China (PRC) and heavily influenced by Russia. It is a member of the Eurasia Economic Union, which affords special trading privileges and favorable migrant labor opportunities. A third of KR's gross domestic product comes from migrant labor remittances (approximately one million Kyrgyz are employed in the Russian Federation annually), and it is dependent on imports for most staple food items and fuel. The country faced political and economic hardships in 2022 including the war in Ukraine, sanctions on Russia, and lingering price increases from COVID-19. The World Bank estimates one quarter of the Kyrgyz population lives in poverty. Three-quarters of children are affected by household gender-based violence, which has risen twenty percent each year since 2020. Staple food prices are up 63% since before COVID. Regionally, the Tajik-Kyrgyz border conflict in September 2022 displaced 140,000 people. Throughout the year, hospitals were overwhelmed with COVID-19 and influenza patients. Respiratory illnesses are exacerbated by air quality in the capital that is repeatedly the worst in the world.

Russia is the country's primary trading partner, and its long arm reaches into politics. The PRC's reach is extensive through debt and public infrastructure projects. These influences fuel the government's growing authoritarian stance and opposition to democratic freedoms, creating legal restrictions on CSOs, especially LGBTQI+ groups, and media.

The KR is also a transit and destination country for global heroin trafficking. As a result, opioid dependence and injection drug use is widely prevalent, which contributes to HIV and hepatitis C transmission in the country. Eastern Europe and Central Asia, where the KR is situated, has the fastest growing HIV epidemic in the world with an estimated 160,000 (130,000-180,000) new HIV infections in 2021 coupled with an increase in the number of AIDS-related deaths since 2010. In the KR, new HIV infections have remained steady or slightly decreased over the decade with the number of PLHIV increasing from 5,300 (4,900-5,900) in 2010 to 10,000 (9,300-11,000) in 2021. The epidemic is concentrated with a disproportionate burden in KP, including PWID and MSM. A recent population-based BBS estimated that HIV prevalence among PWID ranged, by location, from 13.3-25.9% and HIV prevalence among MSM in Bishkek to be 10.7% (5.3-16.2%). Hepatitis C virus (HCV) is a key co-infection with an estimated 67% of PWID previously infected and 39% currently infected. While injection opioid use has been acknowledged as a major driver of the HIV epidemic, evidence suggests that drug use patterns in the country increasingly feature synthetic substances including cathinone, cannabinoids, and

potentially amphetamine-type substances, particularly by younger drug users.[1] It is not yet clear what impact these shifts will have on the HIV epidemic and response.

The KR is one of the biggest suppliers of labor migrants to the Russian Federation, especially younger migrants, including women. There are PLHIV among migrants, and they are linked to care and receive ART through relatives or self-pick-up for 12 months when they arrive home. They take laboratory tests mainly in private laboratories in Russia and transmit results via mobile communications. Currently, there are many citizens of the Russian Federation in the KR who relocated with the aim to avoid military mobilization. Among them are PLHIV who apply for HIV services, including ART from the KR AIDS centers. In ROP23, PEPFAR KR will support quality improvement of DSD for all PLHIV, particularly labor migrants, incarcerated persons, and people in probation services.

PEPFAR KR has currently achieved 83-70-90 (15+) of the 95-95-95 targets and continues working towards epidemic control by 2030 among all populations, with particular focus on KPs. To achieve PEPFAR's vision and goals, in ROP23, the KR will scale up effective and efficient case finding, including index and self-testing (ST), while ensuring that consent and confidentiality are protected. Facility and community partners will design and implement programs in the four sub-national units (SNUs) to ensure availability, uptake, and retention of services. PEPFAR KR also aims to aggressively scale up PrEP and status neutral HIV testing services and expand innovative testing modalities, including ST as a screening tool, while maintaining high quality treatment service delivery (e.g., linkage, retention, VLC/VLS, and U=U).

PEPFAR KR aims to increase patient-centered PrEP coverage among highest risk KPs. This scale-up will be achieved through continued demand creation, provider capacity building, intensive training and mentoring to healthcare staff (including family physicians, infectious disease and STI specialists) to improve provider understanding of PrEP and patient counseling quality, promotion of community-based PrEP through CSO) licensing and certification to promote community-based PrEP and ensure quality patient counseling in the community setting, rollout of the e-PrEP register with software improvement, and regular data quality assessments. Clients who have a negative self-test will continue to be referred to PrEP services.

PEPFAR KR's annual prevention results show a quarterly increase in PrEP uptake with

[1] UNODC. Central Asia Synthetic Drug Situation Assessment 2017. Available online at: https://www.unodc.org/unodc/en/scientists/Central-Asia-synthetic-drugs-situation-assessment.html

improved adherence. PrEP uptake, comprising mostly daily PrEP, was highest among MSM, followed by serodiscordant couples and PWID. In ROP21, PEPFAR KR worked with the MoH and aligned the national PrEP guidelines with WHO latest guidelines and eliminated extensive pre-testing requirements to make PrEP easily accessible to increase uptake. PEPFAR will discuss with the Government of Kyrgyz Republic (GoKR) and provide support in updating PrEP policy based on WHO guidance issued very recently on use of HIVST for PrEP continuation. Additionally, PEPFAR KR will work to demedicalize and simplify PrEP services while increasing community-driven demand through online promotion. PEPFAR KR will also leverage opportunities to integrate PrEP with hepatitis services at methadone sites for PWID and their injecting and sexual partners. In addition to PrEP activities in ROP23, PEPFAR KR will continue to aggressively scale up HIV ST, employing a status-neutral approach and increasing access to testing and prevention services through: 1) continued diversification of HIV ST distribution channels by expanding private sector engagement and use of online platforms; 2) launch of "In Your Hands," a nation-wide demand generation campaign to raise awareness, promote health-seeking behaviors, and destigmatize HIV services; 3) ensuring that facility and community sites provide person-centered, accessible, and high quality testing services and referral to/provision of combination prevention and care and treatment; and 4) adaptation of the M&E to include HIV ST cascade focus.

PEPFAR KR's ROP23 case finding strategy aims to maintain a diverse portfolio based on identified innovations and gaps, with further scale-up of community-based modalities to reach those most at risk while leveraging ST as a screening tool to refer clients to prevention services as appropriate. The innovative approaches that PEPFAR KR will expand include more targeted (by age and location, including online) self-testing, index testing, SNS, VCT, and other PITC). PEPFAR KR will support the integration of HIVST with key prevention services, e.g., PrEP, and support "return to care" among those previously diagnosed. To rapidly reach KPs and partners of HIV-positive clients, PEPFAR KR will continue using diverse channels for ST distribution such as community and facility/clinical settings, home delivery by peer navigators, online platforms and social media, private delivery service, the country's two largest pharmacy networks, and vending machines/lockers.

For index testing, PEPFAR KR plans to strengthen and expand innovative, safe, and ethical index testing with fidelity and focus on targeted index partner testing for PLHIV who are not on ART, those who are on ART but are not virally suppressed, and those newly diagnosed with HIV. PEPFAR KR will actively promote online self-elicitation and partner notification approaches with added RNR to complement index testing.

Medication-assisted treatment (MAT) has been implemented in the KR for over 20 years, both in civilian and penitentiary settings. While there is high adherence to MAT and ART and over 95% VLS among PWID/PLHIV, MAT coverage has decreased over time. There are challenges with attracting new clients, particularly younger PWID to methadone programs mainly due to sub-optimal referral rates via KP communities and facilities. However, PrEP is already integrated into MAT programs as part of the one-stop-shop approach, so access has successfully been expanded through this channel. Future plans for MAT include improving community and facility referrals using a status-neutral approach, linking HIV (-) PWID, introduction and implementation of self-testing services as a screening tool for PWID and their sexual and injecting partners, integrating mental health, introducing buprenorphine as second choice, and integrating viral hepatitis screening and referral services.

CLM program efforts led by community stakeholders will be critical to understanding quality of HIV services provided, PEPFAR program successes, as well as gaps that remain to reaching HIV epidemic control in the Kyrgyz Republic. PEPFAR KR will propose avenues of collaboration with community stakeholders to routinely learn and engage with them, as well as triangulate program efforts where possible. Furthermore, PEPFAR will continue supporting localization by building CSO capacities and social contracting by expanding PrEP in community settings.

Reduction of S&D continues to be a priority for the Kyrgyz Republic as well. Progress towards adopting structural laws and policies towards UNAIDS 10-10-10 goals continue, with Same Sex Non-Criminalization having been adopted. That said, there has been significant backsliding in this area and the US Mission is holding dialogues with GoK to mitigate possible impact on equitable health service delivery. Work still remains for decriminalization, HIV exposure, drug use, and other human rights protections. Kyrgyz Republic, PEPFAR, and its many partners have set priorities to reset and strengthen multisectoral engagement to address legal challenges, address S&D in the health sector using evidence-based approaches, strengthen capacity and role of CBOs and community HCWs, and strengthen the mechanism of social contracting of CBOs.

SDART) initiation has already scaled up nationally in the KR and linkage to treatment has improved significantly with the median linkage time decreasing to 3 days following diagnosis. PEPFAR KR will continue motivating healthcare providers to ensure prompt and immediate ART initiation. In ROP23, PEPFAR KR will continue supporting HIV RT utilization in hospital settings to decrease the time between a patient's first test and confirmation, thus accelerating ART initiation during in-patient treatment. PEPFAR KR will also implement a U=U campaign to improve retention. Also, PEPFAR will perform GSM reviews of underperforming sites to target

support efforts.

Table 39: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Kyrgyz Republic*

Table 1.1 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*, Kyrgyz Republic										
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	6,747,323	0.14	10,040	8,307	5,771	70	5,050 – 88	662,539	1,094	*1,006*
Population <15 years	2,226,805	0.017	399	186	167	90	136 – 82	14,100	22	*21*
Men 15-24 years	522,007	0.06	303	423	386	92	338 – 88	NA	66	*65*
Men 25+ years	1,685,554	0.33	5,626	4,341	2,671	62	2,290 – 86	NA	585	*535*
Women 15-24 years	502,772	0.06	287	288	262	91	232 – 89	NA	39	*37*
Women 25+ years	1,810,185	0.18	3,427	3,069	2,285	75	2,054 – 90	NA	382	*348*
MSM	16,900	10,7	1,552	410	327	80	270 – 83	77	90	*86*
FSW	7,100	2.2	217	67	28	42	17 – 61	55	12	*12*
PWID	25,000	NA	2,345	1,971	945	48	845 – 90	256	24	*24*
Priority Pop (specify)	~7,000	11.3	NA	NA	151	NA	112 – 75	3,463	26	*18*

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

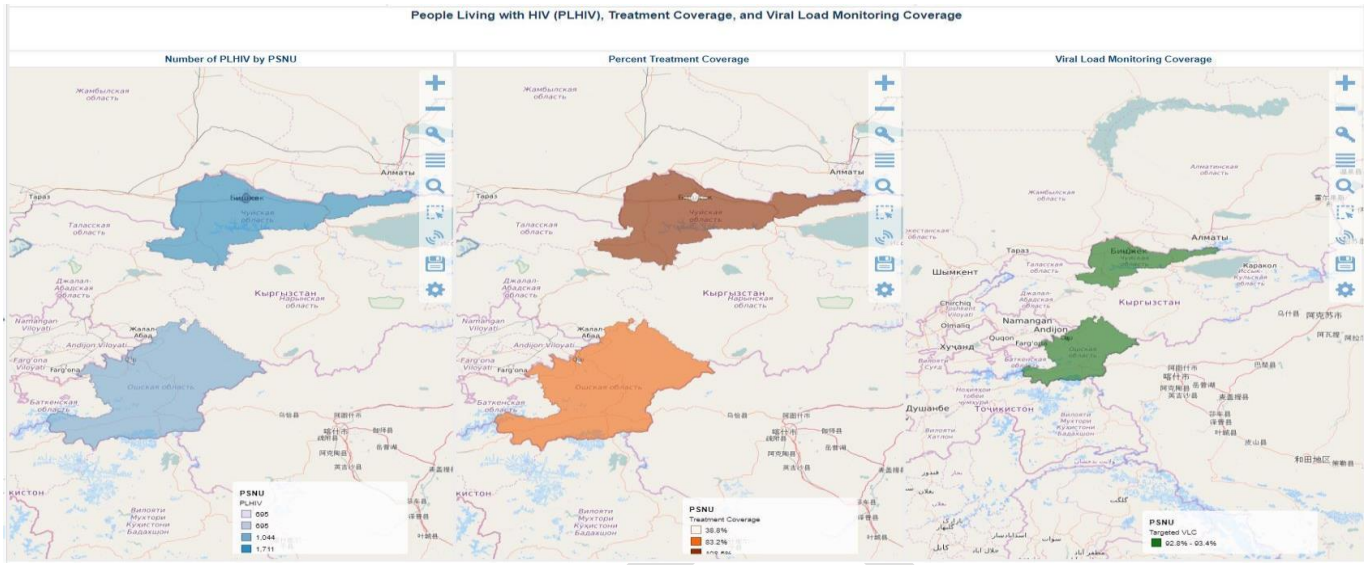

Figure 21: Map of People Living with HIV, Treatment Coverage, and Viral Load Monitoring Coverage, Kyrgyz Republic

Table 40: Current Status of ART Saturation, Kyrgyz Republic

Current Status of ART Saturation					
Prioritization Area	**FY24 PLHIV Estimate**	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Attained	8,767	100%	4,159	4	4
Total National	**8,767**		**4,159**	**4**	**4**

Pillar 1: Health Equity for Priority Populations

Plan for KP services

PEPFAR KR will continue using evidence from program data, WHO recommendations, KP cascades, and the 2021 BBS to tailor HIV services and strategic priorities for KPs. For prevention, this includes raising awareness of and generating greater demand for PrEP among MSM, TG, PWID, and partners of PLHIV. It also means expanding PrEP access for KPs in community settings. PEPFAR KR will assess the current hybrid models where health staff are seconded to CSO sites, while also advocating for service simplification. To expand DSD models and address structural barriers, PEPFAR KR will support the licensing of CSOs to provide HIV services for KPs, including community-based PrEP initiation and testing.

Case-finding interventions at community and facility sites will continue to focus on PWID, MSM, FSW, and partners of KP and PLHIV, using a variety of testing approaches, including index testing, active outreach, SNS, EPOA, RNR, and self-referral. The specific mix of testing approaches will be tailored to fit KP needs with a stronger focus on MSM in Bishkek and Osh, and PWID in Osh and Chui, oblasts in response to 2021 BBS findings.

While 2021 BBS data shows adequate levels of linkage to care among KPs, VLS rates indicate a need for stronger treatment adherence programming among MSM in Bishkek and among PWID in all geographies. PEPFAR KR will continue providing comprehensive adherence support for KP and PLHIV via case management, peer counseling, Support for Health (S4H), and GSM.

Plan to address Stigma, Discrimination, Human Rights, and structural barriers

PEPFAR KR, with other stakeholders, will support routine CLM while ensuring that findings are shared, and actions are taken address findings. PEPFAR KR will continue to support DSD models as one way to address structural and access barriers, such as community-based PrEP. Implementing partners (Ips) will ensure that all staff and health providers receive LIVES training to provide ethical and safe HIV services. PEPFAR KR will initiate a rapid assessment to map and design mental health interventions, including provider training.

To reduce stigma and strengthen local leadership and advocacy, PEPFAR KR will support intensive young KP capacity building activities and training on topics including effective communication with the GoKR, donors, and within communities, how to advocate for high-quality, sustainable HIV services that address health equity gaps, and using evidence and CLM data to promote gender equality and social inclusion. PEPFAR KR will also support health provider sensitization training in close partnership with community members. In ROP23, in collaboration with youth leaders, PEPFAR KR will support development of a pilot leadership program in FY24.

HIV testing plan that closes gaps, promotes equity, prioritizes public health approaches, and assures appropriate linkage to treatment and prevention services

PEPFAR KR will place special focus on status-neutral programming with aggressive scale-up of self-testing. This will complement continued case finding efforts using a diverse and strategic mix of innovative and effective testing approaches including, but not limited to index testing, SNS, online and in-person active outreach, EPOA, RNR, and self-referral.

HIVST is a critical solution to filling the case finding gap. A growing body of evidence shows that

HIV ST has the potential to bridge knowledge of status and linkage to prevention, testing, and treatment services as appropriate. PEPFAR KR is already rapidly increasing HIV ST in community and facility settings by introducing new distribution channels, including online, clinics, private pharmacies, and CBOs. PEPFAR KR plans to double HIV ST targets in ROP23. Current programmatic data demonstrates higher uptake among male, young people (20-34 years), MSM, and partners of PLHIV/KP. Over 60% who used HIV ST were first-time testers, thus we will expand demand generation and distribution strategies for self-testing. PEPFAR and other partners will support the nationwide “In Your Hands” demand generation campaign on HIV ST.

Prevention plan that promotes equity, especially advancing access to PrEP

Status neutral programming and HIV ST scale-up will promote equity and advance access to prevention services. PEPFAR KR will assess the hybrid model introduced in two sites in ROP22 where health providers were seconded to community sites for PrEP initiation and dispensation for KPs and their partners. PEPFAR KR will advocate to de-medicalize PrEP, integrate HIV ST for PrEP continuation, and increase dispensation availability at community sites. Moreover, to advance prevention access, PEPFAR KR and GFATM partners will support the formative stages of introducing injectable PrEP (CAB-LA) and buprenorphine for MAT program. PEPFAR KR will address PrEP access barriers through CSO licensing. The program started developing the legislative basis for CSO licensing in ROP22 and will continue implementation in ROP23.

Pillar 2: Sustaining the Response

In ROP23, PEPFAR KR will support review of the prior KR HIV Road Map for transitioning to state funding and development of a new road map in conjunction with the Republican Center for Bloodborne Viral Hepatitis and HIV Control (RCBVHHC), Republican Psychiatry and Narcology Center, CSOs, UNAIDS, GFATM and the Deutsche Gesellschaft für Internationale Zusammenarbeit. This will be accomplished through a series of consultations and quarterly TWG meetings and informed by ROP22 private sector assessment results. The TWGs consist of key MOH experts representing various technical areas, the PEPFAR KR team, CSOs and community representatives, UNAIDS, and GFATM/UNDP, among others.

The funding from the main donors (GFATM, PEPFAR, GoKR) of HIV program in Kyrgyz Republic remained flat over the last several years, with the government contributing about 10% with a significant portion going to ART procurement and C&T; GFATM, covering 50% of HIV programming focuses on commodities and prevention; and PEPFAR invests up to 40% through

support of HIV services along the cascade, research and above-site activities in 2022 (HIV RA alignment, 2023). There was a modest increase in donor investments in 2020 and 2022 in response to the COVID-19 pandemic through ARPA funds for PEPFAR and COVID-19 funds for GFATM. Other donors include UNAIDS and the Deutsche Gesellschaft für Internationale Zusammenarbeit, with limited funding to supporting policy, planning, coordination, health management informational systems, surveillance, and research.

The country funding for HIV in 2024 is expected to remain at the same level with a slight increase for PEPFAR, and pending approval of the current country application to the GFATM. Sustainability is a key concern of all stakeholders, and the GFATM funding timeline may be impacted going forward, given the political sensitivities and possible delay of the current GFATM application.

There is, however, a positive trend of the GoKR substantially increasing its procurement of antiretroviral drugs, tests and laboratory supplies, but most of HIV commodities supply continues to be covered by GFATM according to the HIV Resource Alignment data.

In the past, there were gaps in private sector investments so in ROP22, PEPFAR KR is prioritizing a baseline assessment to inform future planning. According to the 2022 National AIDS Spending Assessment report, a main vulnerability is KR's high dependence on CSOs to provide HIV services using donor funds. PEPFAR KR will address this vulnerability with ongoing and new above-site initiatives such as (1) support of MOH social contracting mechanisms for HIV including at the PHC level; (2) support CSOs to implement diversified financing activities to sustain HIV services; and (3) support CSOs with licensing to provide a comprehensive package of HIV services at community settings thus bringing services closer to KPs/PLHIV and improving linkage and retention rates.

PEPFAR KR engages in national health planning through donor platforms coordination mechanism, and TWGs. PEPFAR KR provides technical experts who support with MOH on topics including national health programs, health law revisions, and country applications to GFATM on HIV, TB, and the pandemic fund. All HIV donor planning, including financial, is aligned with the National HIV strategy's main priorities and fills identified financial gaps. The coordination mechanism coordinates HIV financial planning among donors.

PEPFAR KR will support the MOH to build capacity at the national and regional levels through comprehensive KP sensitization training for general practice healthcare workers, support for epidemiologists to conduct recent infection surveillance, training for laboratory staff to conduct HIV DR testing, and support for clinicians to interpret and apply HIV DR results. Another

important aspect of PEPFAR KR's capacity building agenda is AHD package implementation.

PEPFAR KR will continue supporting and accelerating integration of HIV service delivery into existing local health systems, including at the PHC level and at the newly organized public health institute, and with the global health security lens as expanded in the next section. Through support of the Sustainability Road Map PEPFAR KR will catalyze a broad multi-sectoral approach to HIV/AIDS control promoting inclusive processes, health equity and clearly defined milestones and responsibilities for sustained HIV control. Moreover, the historical, ongoing, and planned investments to and capacity building of Republican AIDS Center (RAC) and the Republican Narcology Center management, as well as community organizations strengthen and sustain their capacities and capabilities to independently manage, lead and monitor HIV response.

Pillar 3: Public Health Systems and Security

PEPFAR KR implements a robust performance management program that includes routine monitoring of progress towards strategy implementation, expenditure reviews, and progress reports. PEPFAR KR regularly engages in strategic and technical discussions with Ips to review progress, identify gaps, and share best practices for implementation of the National Strategic Plan. In ROP23, PEPFAR KR will continue DQA visits and the GSM project to ensure engagement in and mentorship and oversight of site-level services.

PEPFAR KR has undertaken continuous and significant efforts on person-centered case management through the nurse-led project, S4H, and community interventions. In ROP23, PEPFAR KR will undertake additional efforts to routinize U=U messaging. PEPFAR KR will also incorporate mental health activities into prevention and treatment services across all sites.

For the last 20 years, 25%-30% of newly identified cases have been diagnosed as AHD annually. Since PEPFAR KR introduced HIV RT in hospitals and increased healthcare workers' awareness of AHD's clinical indications, the portion of new cases with AHD increased to 50%. PEPFAR KR will focus on improving quality assurance of AHD packages and strengthening healthcare workers' capacity to treat AHD through the S4H nurse-led project.

In September 2022, the GoKR allocated $3.5 million for their viral hepatitis elimination program. Building on well-established and efficiently run HIV services and similarities between HIV and bloodborne viral hepatitis, the GoKR delegated responsibility over implementation of National HIV & Viral Hepatitis Program to the RAC. Officially, RAC was renamed the Republican Center for Bloodborne Viral Hepatitis and HIV Control (RCBVHHC) and mandated to lead the program. This strategic alignment will help scale up cross-cutting activities in differentiated service

delivery for the two comorbidities.

To strengthen laboratory systems in the country, PEPFAR KR will implement a lab quality management system (QMS) using ISO15189 lab accreditation. Activities will include improving lab testing quality, strengthening mentorship for M&E, building capacity of local lab staff, and participation in national and international EQA/PT programs. Additionally, PEPFAR KR will continue using the Lab CoOP (Amref) regional collaborative platform to address existing needs for TA.

PEPFAR KR will continue to support community-led organizations with training, certifications, data analytics, and use of digital tools (DHIS2, online platforms). PEPFAR KR will prioritize young KP leadership and locally led advocacy of CHWs and communities for better integration of CSO HIV services into the broader public health system. Additionally, a rapid assessment of mental health needs and development of training and MHPSS package of services at the community level will improve support, management, and retention of CHWs.

USG GHS investments will support prior gains made by PEPFAR and focus on the following five priority technical areas (with illustrative activities):

1. **Surveillance:** Funding will support revision of the current disease surveillance legislation and list of priority diseases for the country and strengthen collaboration between the human and animal sectors for early warning and response through shared information platforms and joint SOPs. GHS funding will strengthen the national public health emergency operations center, established with support from USAID, WHO and CDC during the COVID-19 pandemic, focusing on surveillance through training and capacity building.
2. **National laboratory systems**: Potential areas of support include strengthening laboratory capacity to conduct diagnostic tests and to test for antimicrobial susceptibility for priority pathogens in human health and in animal food production and scaling up of laboratory quality management and assurance systems.
3. **Health Workforce:** Funding will continue to build the health workforce's capacity on "One Health" competencies at all levels, with a particular emphasis on the primary health care system, including HIV. One Health is the approach that recognizes that the well-being of people and the community is influenced by human, animal, and environmental health.
4. **Zoonotic Diseases**: Potential areas of support include providing TA to strengthening surveillance and reporting of priority zoonotic diseases, improving coordination of surveillance, sharing data and biological specimens between the animal and human

health sectors, improving disease detection systems across the health sector.

5. **Antimicrobial resistance (AMR)**: The 3-year interagency national AMR action plan remains largely unimplemented due to a lack of resources. Possible TA areas include AMR data management and surveillance, training doctors, nurses, and pharmacists on rational prescription of antibiotics, strengthening infection prevention and control practices, building lab capacity to carry out bacteriological and antimicrobial susceptibility testing, public awareness campaigns, implementing good animal health practices in livestock production and vaccination.

Pillar 4: Transformative Partnerships

PEPFAR KR collaborates closely with the MOH, GFATM, WHO, and UNAIDS on HIV programming to scale PEPFAR MPRs, address sustainability risks, and provide technical input to ensure the country is accelerating and sustaining gains toward 95-95-95. PEPFAR KR strengthens coordination with these entities through routine engagement at the national and sub-national levels via HIV working groups and country meetings with Ips, CSOs, and other stakeholders. ROP23 development was a participatory process, which included consultations with all key country stakeholders for the national HIV response.

One anticipated transformative partnership for PEPFAR KR and the National HIV program will be engagement with the private sector. PEPFAR KR expects that, following a private sector assessment in FY23-24 and some partnerships (pharmacies, clinics, delivery services) initiated in ROP22 for HIVST distribution, the program will identify new private sector counterparts and partners who will help improve access to and expand HIV services for KPs.

The National HIV Program has been integrated with the Republican Viral Hepatitis Program, meaning that HIV-specific interventions now crosscut hepatitis activities. The RCBVHHC plans to conduct a national BBVH seroprevalence survey to serve as the gold standard for program implementation monitoring. WHO, CDC/HQ, EECA CDC and CDC KG country offices will provide TA to RCBVHHC during survey implementation and the project will be conducted in close partnership with Abbott Diagnostics. Under this portfolio, investments will focus on strengthening surveillance systems, workforce development, laboratory capacity, risk communication, and community engagement. Below is a list of PEPFAR KR partners, their areas of focus, and connections for transformative partnerships.

Table 41: PEPFAR Kyrgyz Republic partners, areas of focus, and transformative partnerships

Partner	Areas of Focus / Activities	Connection
UNAIDS	• SI / Modeling / Data-Use • Recency Surveillance	Cooperative Agreement, Technical Collaboration
WHO/World Bank / Asian Development Bank	• SI • Viral hepatitis elimination • Global Health Security (Pandemic Fund)	Technical Collaboration
GFATM	• Co-planning • Leveraging resources (technical, financial) • Global Health Security (C19-RM)	Technical Collaboration
CDC Eastern-Europe and CAR	• Global Health Security • Laboratory • Communicating the Science, Data Modernization • Workforce development, National Public Health Institutes • Respiratory disease surveillance, viral hepatitis elimination	Technical Collaboration
Abbott Laboratories (private sector)	Viral hepatitis elimination lab support	Technical Collaboration
Yale University	Harm-reduction (MAT) program and intervention evaluation	Technical Collaboration
Private pharmacies, private clinics, delivery services	HIVST distribution	Implementation
Community-led / competent local organizations & AIDS Foundation East-West AFEW	CLM, transitioning to local partners	Implementation, Monitoring

Pillar 5: Follow the Science

In ROP21, PEPFAR KR supported BBS implementation among MSM and PWID. Based on the results, PEPFAR KR developed activities to scale-up diversified testing modalities and advocate for increased PrEP uptake that integrated evidence-based behavioral and social science-based approaches. RTRI was incorporated in the 2021 BBS protocol and results showed that the test was feasible as a routine aspect of the National HIV surveillance protocol. Since FY2022, the

National HIV Program has implemented rapid testing for HIV recency infection surveillance.

In ROP23, PEPFAR KR will support the GoKR to implement a new BBS among the same KPs, including prison populations. This BBS will be conducted in close collaboration with stakeholders and will substantially involve relevant KPs. PEPFAR KR plans to adjust and adapt programs based on the new BBS findings. In ROP23, PEPFAR KR will conduct CADRE (HIV-DR survey) and continue to support institutionalization of HIV recency surveillance and improve the quality of data collection and data use for surveillance.

Strategic Enablers

Community Leadership

CLM activities at PEPFAR-supported community and facility sites have yielded rapid, community-driven feedback that is critical to improve service delivery and outcomes. The PEPFAR CLM team is comprised of three members, two representing PLHIV and one representing KPs. The team has been present and engaged at all PEPFAR ROP23 meetings and provided their feedback and input to the ROP23 strategic plan.

CLM results and recommendations are addressed at the local level during community and facility site visits. If needed, follow-up visits are conducted. CLM results are then reviewed during “results sharing meetings” where key stakeholders participate in strategic discussions on how to improve HIV services. These meetings serve as both a platform for data sharing and an action-planning space for stakeholders to collaboratively develop and agree on solutions.

For ROP23, PEPFAR KR will increase the CLM budget by $70K to $125K. This increase allows PEPFAR KR to scale the program nationally and target non-PEPFAR sites, with funding inputs from the GoKR and other donors. Supported activities include adding quantitative methods to complement qualitative methods and training beneficiaries from different communities to provide routine site monitoring. PEPFAR KR will ensure CLM sustainability by integrating best practices throughout the implementation process and engaging with GFATM CLM Ips. PEPFAR KR will support CSO training to build monitoring skills and enhance confidence among KP and PLHIV leaders. The CLM team, with IT specialists, will develop a national CLM database (Management Information System (MIS)) where findings are widely accessible, and efforts are easily monitored. The CLM MIS will be handed over to the MOH/RAC and communities to increase government buy-in and integrate CLM into existing decision-making structures. PEPFAR KR envisions that the RAC, under the National Public Health Institute, will own and maintain the CLM MIS in the future.

Innovation

Prior to the COVID-19 pandemic, PEPFAR KR introduced HIV ST as an innovation and in ROP23, PEPFAR KR will aggressively scale up HIV ST both in volume and using a diverse and strategic mix of effective testing approaches, detailed in preceding sections. Additionally, PEPFAR KR has leveraged private sector pharmacies to provide “in-kind” expertise and resources to pilot distribution of HIV ST in key locations in Bishkek and Osh, allowing for easier access and availability. To promote CSO and HIV program sustainability, PEPFAR KR developed a guide on how to establish social contracting agreements, as a means for CSOs and other organizations to diversify funding sources beyond PEPFAR or GFATM.

Leading with Data

SI and HIV data will continue to be systematically collected, consolidated, analyzed, and applied to ensure effective response to the HIV epidemic. The PEPFAR KR SI approach will go beyond epidemiological data to address service access, coverage, and quality. PEPFAR KR will focus on person-centered data collection and use from prevention and testing to treatment. PEPFAR KR will focus on the following activity areas in ROP23:

- Support the GoKR to integrate all existing electronic systems (e.g., Electronic HIV Case Management System (EHCMS), electronic PrEP Register (e-PrEP), Laboratory Information Management System and Electronic Methadone Register.
- Launch BBS (Round 2) in close collaboration with GoKR stakeholders and local partners. Specific activities include protocol development and approval, hiring field staff, establishing a core national team to ensure quality via supportive supervision site visits, population size estimation activities, and survey implementation.
- In collaboration with UNAIDS, strengthen case-based reporting through data quality improvement and more granular data utility.
- Support CSOs transitioning to electronic data collection and management. Community partners will use DHIS2 as an open-source platform to track cascade data at the granular level. The DHIS database will be adapted to fit IP needs, ensure effective data reporting and validation, and track case management.
- Work closely with UNAIDS to improve HIV recency surveillance data quality and use to develop appropriate interventions. RCBVHHC recognized the feasibility of RTRI and employed this testing method for routine testing of newly diagnosed PLHIV since 2022.
- SIMS and DQA visits to ensure engagement in and oversight of service delivery.
- CLM implementation as described above to ensure quality of services provided at the facility

and community levels.

PEPFAR KR will support, maintain, and use the following SI systems: (1) Facility and Community Reporting Systems: continuously collected; (2) Patient monitoring data: entered in the RAC's electronic databases and includes laboratory data. PEPFAR will support RCBVHHC with continuous DQA through remote and offline activities; (3) Case reporting data: entered based on HIV cases reported to the national level by health facilities; (4) DHIS2 to capture, track and analyze client-level data across the cascade at the community level; (5) Case management data: collected and maintained by CBOs on the specific population including HIV clients and at-risk populations who receive case management support (HIV testing, HIV and/or GBV consultations, prevention, linkage to care); (6) Population-Based Surveys: periodically collected; (7) IBBS on KP; and (8) General population data: National Census, Multiple Indicator Cluster Survey, periodical statistical surveys undertaken by the National Statistics Committee.

Target Tables

Table 42: ART Targets by Prioritization for Epidemic Control, Kyrgyz Republic

ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) *TX_CURR***	**Newly Initiated Target (FY24) *TX_NEW***	**ART Coverage (FY24)**
Scale-Up Aggressive	**8,767**	**-**	**5,382**	**6,130**	**863**	**72.4%**
Total	**8,767**	**-**	**5,382**	**6,130**	**863**	**72.4%**

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.
    - ❖ Will expand access to multiple testing modalities including index and ST. In collaboration with key government and civil society stakeholders, will continue to scale-up index testing in accordance with the PEPFAR Guidance on implementing safe and ethical index testing. Full implementation index-testing in the community and public health-care facilities is standard of care with a focus on those at increased risk for HIV.

2. **Fully implement "test-and-start" policies.**

- ❖ PEPFAR KR has supported the national HIV strategy in implementing "test and start" since 2016. There are still challenges with SD-ART, though 95% of newly diagnosed patients are linked to treatment within the first 30 days. PEPFAR KR will continue activities to ensure quicker linkage such as improving provider and CHW collaboration to track and trace diagnosed PLHIV who are not on ART. GSM activities also focus on treatment linkage at facilities and case management at the community level. We will continue improving case management and treatment quality as well as VLS literacy at facility and community levels.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**

- ❖ PEPFAR KR will implement the status neutral approach to ensure quality prevention services for those at higher risk of HIV acquisition at all PEPFAR-supported testing sites. HIV-positive patients will be linked to SD-ART services and HIV-negative patients will be linked to PrEP and other prevention services. Currently, HIVPEP is available to all, but uptake is very low. Recently, RCBVHHC with PEPFAR support conducted a series of refresher trainings to health care providers across the country on PEP. In ROP23 PEPFAR will support activities that ensure the quality and uptake of PEP services.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.

- ❖ This is not applicable to PEPFAR KR.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**

- ❖ All PLHIV regardless of their citizenship status are eligible to free HIV related services, including ART, prevention, and treatment of opportunistic infections in facility and community settings, as well as CD4 count and VL measurements and other required tests. Testing for HCV and hepatitis B virus (HBV), including viral hepatitis VL testing and HCV treatment along with vaccination against HBV for all PLHIV is available through state budget. Contacts elicited through index testing services are also eligible for free HIV testing.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity.**

- ❖ PEPFAR will continue its work with the GoKR on promoting human rights to improve HIV prevention and treatment outcomes for KPs at policy, program implementation, monitoring, and evaluation levels. PEPFAR KR will provide comprehensive training for KP sensitization to PHC and general practice healthcare workers. A young KP leadership program will be developed in ROP23 with further implementation in ROP23-24 to harness local leadership and strengthen locally led advocacy by KP leaders. A national communication campaign to promote and normalize ST will raise HIV awareness and reduce stigma. CLM will continue raising identified issues and gaps and advocate for solutions towards equity. PEPFAR and the US Mission continue to dialogue with the highest levels of GoKR to address the shrinking open space for CSOs, impacting HIV service delivery.

7. **Optimize and standardize ART regimens.**
   - ❖ Since 2019 the National HIV Program approved and implemented a TLD transition plan with PEPFAR TA. Currently, 90% of PLHIV who are on ART are on DTG-contained regimens. According to clinical protocols approved by the MOH in 2022, DTG –based regimens are offered to all PLHIV, including women of childbearing age, adolescents, and children whose weight of 30 kg.

8. **Offer DSD models.**
   - ❖ There are several DSD models including MMD offered at the facility level. 12-month MMD is available for labor migrants. In ROP23, PEPFAR KR will support DSD quality improvement for all PLHIV, particularly for labor migrants, incarcerated persons, and people in probation services. PEPFAR KR will expand nurse-led case management to improve patient-centered care for those newly diagnosed, returning after interruption, or who are not suppressed. AHD will be a special focus for PEPFAR. PEPFAR supports a pilot of community-based ART in Chui oblast and has introduced a hybrid community-based PrEP model at the community level at two sites.

9. **Integrate TB care.**
   - ❖ All PLHIV are screened for TB symptoms at diagnosis and during routine clinical visits. TB asymptomatic at diagnosis PLHIV are still required to undergo pneumography as a complementary procedure to the standard TB symptom

screening to rule out active TB infection and prescribed isoniazid preventive treatment (IPT) for free. PLHIV who screen positive for TB undergo confirmation, and following confirmation are provided complete, appropriate TB treatment. In TB facilities, all TB patients are screened for HIV and linked to ART if they are diagnosed positive.

10. **Diagnose and treat people with AHD.**

- Currently, nearly 50% of newly diagnosed people represent advanced HIV cases with CD4 count less than 200 copies/ml.[3] Mortality rates are higher in this subpopulation of patients and some die before linkage to ART. PEPFAR will closely work with RCBVHHC to develop and implement an AHD package, including SOPs, training on monitoring AHD, including IRIS, extrapulmonary TB, pneumocystis pneumonia and cryptococcal meningitis.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**.

- VL is routinely monitored at the site and above-site levels to address gaps in VLC and VLS by demographics and location. PEPFAR KR will use GSM to improve VLC and VLS. GSM uses a collaborative, quality-improvement approach at the site level to systematically identify key barriers and practical solutions for a specific program area. Facility staff and TA providers work together to implement solutions and monitor results. This cyclical 'plan-do-study-act' approach is repeated until the barriers are addressed, and results are achieved. GSM has been implemented in PEPFAR-supported oblasts and facilities since FY20 and has helped to improve clinical care services, including increased VLS. In ROP23, RCBVHHC will scale up GSM project on VLC/VLS in non-PEPFAR sites. The KR HIV VL/EID testing was optimized towards de-centralized near point-of care modality using GeneXpert platforms. The total number of labs providing services on HIV VL/EID testing nationwide has increased from 2 to 9. Apart from Bishkek City and RAC, all 7 oblasts have their own HIV VL/EID testing facilities. Current average turn-around time for return of VL results does not exceed 3 days. All national laboratories conducting routine EID and VL testing (n=9) will participate in regular rounds of the EQA/PT programs on EID and VL provided by International Laboratory Branch of DGHT CDC (Atlanta).

12. **Integrate effective QA and CQI practices into site and program management.**

- ❖ PEPFAR KR has implemented continuous quality improvement program including DQA and GSM for PEPFAR-supported sites. SIMS continues to be used as a quality assurance tool. In ROP23, PEPFAR KR will scale up GSM activities.

13. **Offer treatment and viral-load literacy.**

- ❖ U=U messaging is incorporated in the HIV program and implemented across the treatment cascade and prevention services. PEPFAR KR will routinize U=U among healthcare providers and peers to improve the quality of PLHIV counseling.

14. **Enhance local capacity for a sustainable HIV response.**

- ❖ The USG directly awards a local organization (AFEW) to implement the CLM project. AFEW provides TA to PLHIV and KPs to employ a client-centered approach to CLM and provide feedback to the PEPFAR program and national partners that provide HIV services. In ROP23, the team will streamline the CLM process and focus on sustainability. KPs and other community stakeholders have been actively engaged in ROP23 strategy development and participated in all PEPFAR strategic discussions. To promote sustainability and ownership, PEPFAR KR will build CSO capacity to access diversified financing streams and receive direct donor funding. To further local leadership, PEPFAR will support capacity building activities for a cohort of PLHIV/KP leaders to address S&D, gender equality, and social inclusion.

15. **Increase partner government leadership.**

- ❖ PEPFAR KR will support MOH in enhancing HIV social contracting (SC) mechanisms, building on progress and investments that strengthen political commitment (funding allocation, annual SC contracts to CSOs), capacities and data to manage, plan and implement SC at both sides including financial costing and standards of services.

16. **Monitor morbidity and mortality outcome.**

- ❖ Under the direction of RCBVHHC, EHCMS will continue to be used as a HIV case-based surveillance platform. EHCMS collects and reports on required HIV

'sentinel events' including HIV-related mortality. PEPFAR KR will continue to engage in the UNAIDS Spectrum estimation process to determine HIV-related mortality. PEPFAR KR, in close collaboration with the GoKR's National Statistical Committee, will work on status identification of PLHIV who are registered in EHCMS, but have not shown up for services for over 10 years.

17. **Adopt and institutionalize best practices for public health case surveillance.**

- ❖ HIV Services utilize several electronic platforms like EHCMS, ILab information system, e-PrEP, and MIS for electronic management of prevention services at the NGO level. PEPFAR KR, in close cooperation with GoKR, will work to improve system interoperability and the ability to trace people across the prevention and treatment cascades.

USG Operations and Staffing Plan to Achieve Stated Goals

CDC and USAID maintained their staffing footprint, in coordination with the interagency team, to ensure PEPFAR investments are technically and managerially supported adequately across all pillars. Given the USAID focus on localization, the health office leveraged expertise from the economic growth office, securing additional (in-kind) expertise in localization and private sector efforts. No additional skills or competencies were identified for ROP23, and the interagency team continues to coordinate based on agency expertise and equities. The Budget Specialist position, supported by PEPFAR 50%, is still under recruitment at USAID [REDACTED].

APPENDIX A – PRIORITIZATION

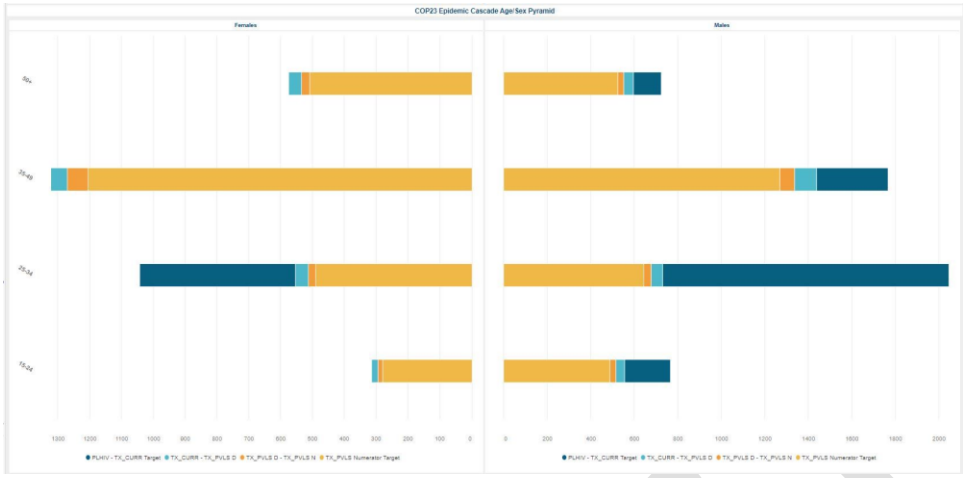

Figure 22: Epidemic Cascade Age/Sex Pyramid, Kyrgyz Republic

APPENDIX B – Budget Profile and Resource Projections

Table 43: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Kyrgyz Republic

Table B.1.1: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention

Country	Intervention	Budget	
		2023	2024
		$4,045,000	$4,345,000
Total		$4,045,000	$4,345,000
Kyrgyzstan	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations		$100,000
	ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	$45,000	
	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$83,854	
	ASP>Human resources for health>Non Service Delivery>Key Populations		$30,000
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$30,000	$50,000
	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		$160,000
	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$50,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$45,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$18,000
	ASP>Public financial management strengthening>Non Service Delivery>Key Populations	$255,500	$75,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$300,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$110,000
	C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$71,000	$184,500
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$100,000	$192,500
	C&T>HIV Clinical Services>Service Delivery>Key Populations		$150,625
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$173,175	$17,500
	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations		$51,000
	C&T>Not Disaggregated>Service Delivery>Key Populations	$166,250	
	HTS>Community-based testing>Non Service Delivery>Key Populations	$116,375	$116,375
	HTS>Community-based testing>Service Delivery>Key Populations	$249,375	$249,375
	HTS>Facility-based testing>Non Service Delivery>Key Populations	$33,000	$85,000
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$40,000	$84,000
	HTS>Facility-based testing>Service Delivery>Key Populations	$200,883	$25,000
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations		$30,000
	PM>IM Program Management>Non Service Delivery>Key Populations	$523,750	$523,750
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$336,080	$388,000
	PM>USG Program Management>Non Service Delivery>Key Populations	$388,000	
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$414,800	$911,500
	PREV>Medication assisted treatment>Non Service Delivery>Key Populations	$121,000	$125,000
	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$83,125
	PREV>PrEP>Non Service Delivery>Key Populations	$157,458	$189,750
	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$50,000	
		$489,500	

Table 44: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, Kyrgyz Republic

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Country	Program	Budget	
		2023	2024
		$4,045,000	$4,345,000
Total		$4,045,000	$4,345,000
Kyrgyzstan	C&T	$643,425	$596,125
	HTS	$639,633	$589,750
	PREV	$431,583	$397,875
	ASP	$667,729	$938,000
	PM	$1,662,630	$1,823,250

Table 45: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, Kyrgyz Republic

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Country	Targeted Beneficiary	Budget	
		2023	2024
		$4,045,000	$4,345,000
Total		$4,045,000	$4,345,000
Kyrgyzstan	Key Populations	$2,817,091	$2,442,500
	Non-Targeted Populations	$1,227,909	$1,902,500

Table 46: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, Kyrgyz Republic

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Country	Initiative Name	Budget	
		2023	2024
		$4,045,000	$4,345,000
Total		$4,045,000	$4,345,000
Kyrgyzstan	Community-Led Monitoring	$55,000	$125,000
	Core Program	$3,990,000	$3,920,000
	KP Survey		$300,000

B.2 Resource Projections

Required resource projections were based on previous achievements, costing e.g., staffing, commodities, scale of targets-set and program objectives. Program objectives were identified through consultative process with the national level stakeholders and program implementation evidence complimentary to planned efforts by the GoKR and GFATM. Prior year expenditure, current experience of cost of doing business, ROP23 funding envelope and earmarks, and funds required for emerging program needs to address gaps were used to allocate ROP23 budgets.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

The rationale and process for narrowing scope for PASIT activities was the identified system gaps have been discussed with the country partners and during the ROP23 co-planning meeting in Bangkok. PEPFAR was assigned to be responsible for working on closing system gaps in which PEPFAR has strategic equities.

- The identified system gaps include insufficient data quality and use, lack of capacity of HCWs in AHD service provision, low capacity in PrEP expansion, including low awareness on PrEP and insufficient demand generation; insufficient case-finding rates to achieve treatment targets; S&D and overall low HIV awareness for uptake of HIV services among KPs, sustainability of and ownership by country partners.
- PEPFAR will continue aggressive scale up of HIVST and PrEP community-driven demand generation through support of implementation of the unified national level branded SBCC strategy promoting Status Neutral strategy and HIVST, health seeking behavior, and PrEP uptake. PEPFAR will strengthen local leadership and advocacy through intensive capacity building of a cohort of youth KP leaders on effective communication with GOKR, donors and within communities to advocate for high-quality sustainable HIV services and to address health equity gaps, promote gender equality and social inclusion using evidence based and CLM data.
- To reduce stigma and remove policy barriers, PEPFAR will support local CBOs to implement S&D reduction advocacy activities, support on revision of HIV criminalized policy and legislation. Moreover, to strengthen local leadership, PEPFAR will support capacity building activities of a cohort of PLHIV/KP leaders to address S&D, gender equality and social inclusion.
- To support the country in sustainability and ownership, PEPFAR team will continue support to MOH in development of social contracting mechanisms in HIV, including at PHC/decentralized level, support to CSOs in implementation of diversified financing to lower dependance from donor funding, and strengthen localization through capacity building of CSOs to receive direct donor funding.
- As per the RCBVHHC, the granular site management (GSM) approach resulted in better coverage by and improved quality of HIV services. This activity and other PASIT activities that will show their effectiveness in PEPFAR supported SNUs will be scaled up to the National level with support from other donor agencies.

For each of the PASIT activities, there have been identified SMART outputs and outcomes to effectively monitor progress achieved in closing system gaps as a result of implementation of the PASIT activities.

Digital tools will give providers a more holistic view of patient health through access to real-time data. The quality of collected data will be improved with the use of digital health investments. Digital health offers opportunities to improve medical outcomes, enhance transparency, and enhance efficiency.

The main goal of the system investment is to create a favorable environment and policies to successfully implement best, evidence-based practices in the Kyrgyz Republic. The indication that the system is adequately functioning will be that all the expected outputs and outcomes are achieved, the systems led and owned by the host country partners and managed with increasing efficiency and in sustainable manner For example, investments into social contracting resulted in social contracting mechanisms in place, funding allocated annually and issued to implementing CSOs, as well as in increased capacity of both health and community systems to implement social contracting to provide HIV services.

APPENDIX D – Optional Visuals

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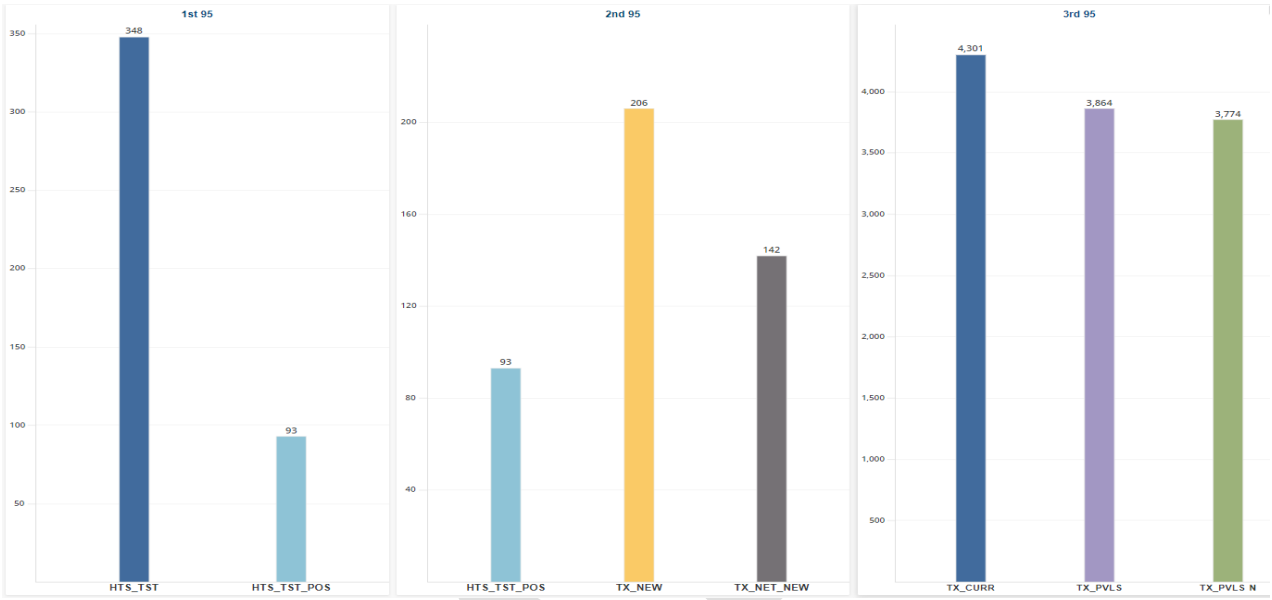


Figure 23: Overview of 95/95/95 Cascade, FY23 Q1, Kyrgyz Republic

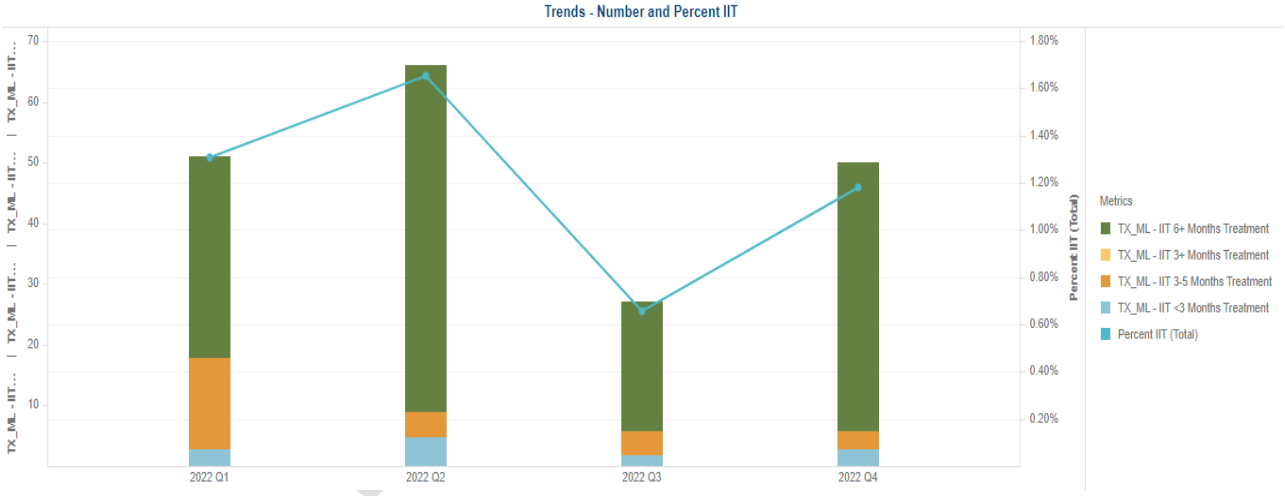


Figure 24: Clients Gained/Lost from ART FY22, Kyrgyz Republic

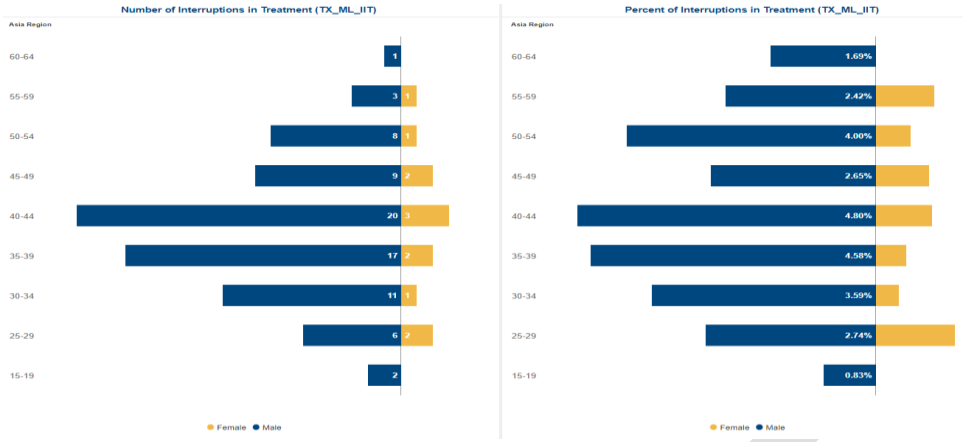


Figure 25: Clients Gained/Lost from ART by Age/Sex, FY23 Q1, Kyrgyz Republic

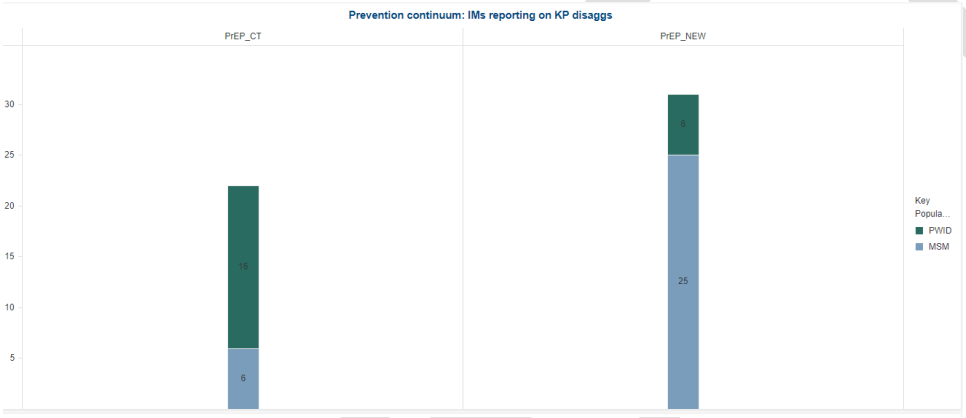


Figure 26: Prevention Continuum by Key Population Group, Kyrgyz Republic

PEPFAR Lao People's Democratic Republic

Vision, Goal Statement, and Executive Summary

The goal of the PEPFAR investment in Lao PDR is to strengthen the existing public health systems with sustainable capacity to deliver comprehensive, effective, and high-quality HIV-related services for PLHIV. This will reduce the annual number of new HIV infections and AIDS deaths, especially among priority populations, and improve the impact of the national HIV/AIDS programs to accomplish the UNAIDS 95-95-95 goals and end HIV as a public health threat by 2030.

Lao PDR continues to make progress towards the global goal under the leadership of the Government of Laos (GOL), in partnership with the PEPFAR, the GFATM, UN agencies such as WHO and UNAIDS, and other bilateral donors and regional partners, as well as with CSOs. Lao PDR achieved 79-71-74 in 2022, a setback in case finding from the 84-64-75 in 2020, with the vision of achieving epidemic control by reaching the most vulnerable population, namely MSM, TGW, discordant couples, and those at risk within their networks. However, there are still considerable obstacles to overcome, as evidenced by the rapid increase in new infections in recent years among high-risk MSM, particularly among young people, and a brief decline in VL testing coverage caused by the decentralization efforts initiated in 2021. In ROP23, PEPFAR Lao PDR will double efforts to reach undiagnosed PLHIV, especially the young population, who are particularly susceptible to new infections, in areas with the highest burden of disease and will scale up DSD model making accessing HIV services simpler and closer to those who need them the most. PEPFAR will continue to engage in dialogue with the GOL and stakeholders to develop the sustainability roadmap by identifying areas where domestic financing for HIV services can be increased and strengthening policy frameworks, systems, and technical capacity for evidence-based programming. Additionally, given the country's limited health budget, HIV commodities are expected to be covered by the GFATM for the next three years.

In ROP23, to address the gap in case finding, PEPFAR plans to optimize routine PITC and expand the utilization of HIVST in both community and facility settings where index testing is being scaled up to rapidly reach the partners of HIV positive clients, especially young population. Building on the successful pilot engagement on social marketing of HIV self-test with private pharmacies during FY23, PEPFAR will further facilitate the discussions between MOH, OraQuick manufacturer and local private pharmacies to have OraQuick self-test kits available in local private pharmacies to strategically implement status neutral HIV testing in the community among MSM and TG. In addition, PEPFAR will make self-test kits available for purchase at three private pharmacies in Vientiane Capital (VTC) to diversify the testing strategy and to reach

more young people**.** Recency testing, which was rolled out nationwide in FY22, will continue to be improved to gather data on the characteristics and geographical locations of recent HIV infections, enabling the program to respond more effectively to the epicenter of infection and increase case finding. Targeted high-risk MSM and TG and serodiscordant couples in three provinces, Champasak (CPS), Savannakhet (SVK), and VTC, will be provided with PrEP. In ROP23, PEPFAR plans to collaborate with GOL and WHO to align the national PrEP guideline with the updated global WHO guideline to reduce pre-testing qualifications for starting PrEP to reduce barriers to PrEP initiation and increase uptake as well as explore the possibility for PrEP provision in the youth center and community outreach center. PEPFAR will explore ways to provide integrated HIV/AIDS services including HIV screening, counseling and testing, PrEP initiation, STI, Hepatitis B and Syphilis screening along with mental health counseling at the Vientiane Capital Youth Center and a CSO-run community outreach center. PEPFAR will also work with the GFATM, CHAI, and CSOs to support Center for HIV/AIDS and STI (CHAS) and Provincial Committee for Control of AIDS (PCCA) with PrEP quantification and forecasting.

To address rapid linkage and treatment initiation gaps, PEPFAR will collaborate with CHAS to make HIV confirmatory testing available in selected district hospitals. Additionally, PEPFAR will support GOL expand POC services to include ART initiation, simplify ART initiation SOP, strengthen referral system, case management and coordination between facilities and CSOs. Furthermore, DSD model will be enhanced by offering same-day or rapid ART initiation with optimal regimen of TLD to increase retention rate of clients. The model will also include MMD with a focus on using 6-month MMD and yearly visits, supported by expanded telehealth and virtual consultation to minimize IIT. PEPFAR will also work with the GFATM and CHAS to integrate HIV and TB services by increasing the number of PLHIV who receive TPT to address AHD, and by multiplexing GeneXpert platform for HIV and VL testing to reduce turnaround time.

Building towards sustainable and evidence-based HIV programs, PEPFAR will introduce individual community-based case tracking in three high burden provinces that can feed data directly into the national MOH HIS, Demographic Health Information System 2(DHIS2), strengthen the use of data for planning and monitoring by introducing MPI into the national DHIS2 and improve HIV surveillance and lab quality systems by integrating Viral Load Assistance Ordering (VLAO) System with lab information system (LIS). During ROP23, PEPFAR will enhance the leadership and participation of CSOs and KPs as well as PLHIV through KPs/PLHIV CSOs-led monitoring that is implemented in ROP22. PEPFAR will also monitor the effectiveness of this feedback mechanism to improve access and quality of care provided to KPs and PLHIV.

Summary of Statistics, disease burden and country profile

Table 47: 95-95-95 national cascade: HIV diagnosis, treatment, and viral suppression, Lao PDR*

95-95-95 national cascade: HIV diagnosis, treatment, and viral suppression*, Lao PDR										
Epidemiologic Data					**HIV Treatment and Viral Suppression[b]**			**HIV Testing and Linkage to ART Within the Last Year(FY22)**		
	Total Population Size Estimate[a] (#)	**HIV Prevalence (%)**	**Estimated Total PLHIV[a] (#)**	**PLHIV Diagnosed[b] (#)**	**On ART TX_CURR (#)**	**ART Coverage[c] (%)**	**Viral Suppression[d] (%)**	**Tested for HIV[e] (#)**	**Diagnosed HIV Positive[c] (#)**	**Initiate on ART[b] (#)**
Total population	7,582,597	0.23%	17,384	13,672	9772	71.5%	74.4%	134,196	1747	1499
Population <15years	2,313,122	0.03%	602	470	312	66.4%	67.6%	986	34	37
Men 15-24 years	732,000	0.18%	1,314	818	596	72.9%	63.6%	8,392	263	239
Men 25+ years	1,909,445	0.47%	8,933	6,837	4,982	72.9%	75.7%	16,341	845	713
Women 15-24 years	707,843	0.10%	725	615	399	64.9%	55.4%	47,816	208	174
Women 25+ years	1,920,187	0.30%	5,810	4,932	3,483	70.6%	77.0%	60,661	397	336
MSM	62,487	6.2%	3877	2,200	1,723	78.3%	68.9%	4,311	482	*485*
TG	5,098	4.9%	251	675	633	93.8%	64.5%	295	63	*80*
Sex Worker	16,732	0.94%	157	235	107	45.5%	61.7%	10,492	43	*25*

Data source: *[a] AEM spectrum update 23 Feb 2023; [b] DHIS2 – MOH Lao dashboard FY22 data update 25 Feb 2023; Note: [c] ART coverage = On ART TX_CURR/ PLHIV diagnosed; [d] VL suppression is On ART TX_CURR with VL results <1,000/ On ART TX_CURR; [e] Data source: DHIS2 – VCT event report*

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

According to the 2023 AIDS Epidemic Model (AEM) for FY22, Lao PDR had 17,384 PLHIV, with 10,459 males and 6,767 females. There were 1,015 new HIV infections, and 360 AIDS-related deaths. The highest percentage of new infection (38%) was found among MSM, followed by 26% of new infections among non-KP females who are likely to be partners of HIV infected men. The recency data showed that the highest percentage of recent infections were found among males aged 15-24 and females aged 15-19. Of the 1,747 diagnosed PLHIV in 2022, 89.4% were initiated on ART, while 93.8% of those diagnosed in PEPFAR-supported sites were initiated on ART. Of the PLHIV who know their HIV status (79% of the estimated total PLHIV), 71% were retained in care, of whom 74% were virally suppressed (<1,000 copies/ml). The AEM estimated **70-79-71** among MSM and TG in FY22.

The key informant interview with government officials, CSOs, and development partners conducted during the mid-term review of the national HIV program in early 2023 found that several factors drove the increase in HIV infections. These factors included (1) mobility, partly accelerated by the special economic zone; (2) migration to Thailand, a higher prevalence country; (3) male-to-male sexual networking; (4) expansion of the sex industry online and 'high-class' settings; and (5) lack of awareness and sexuality education among young people.

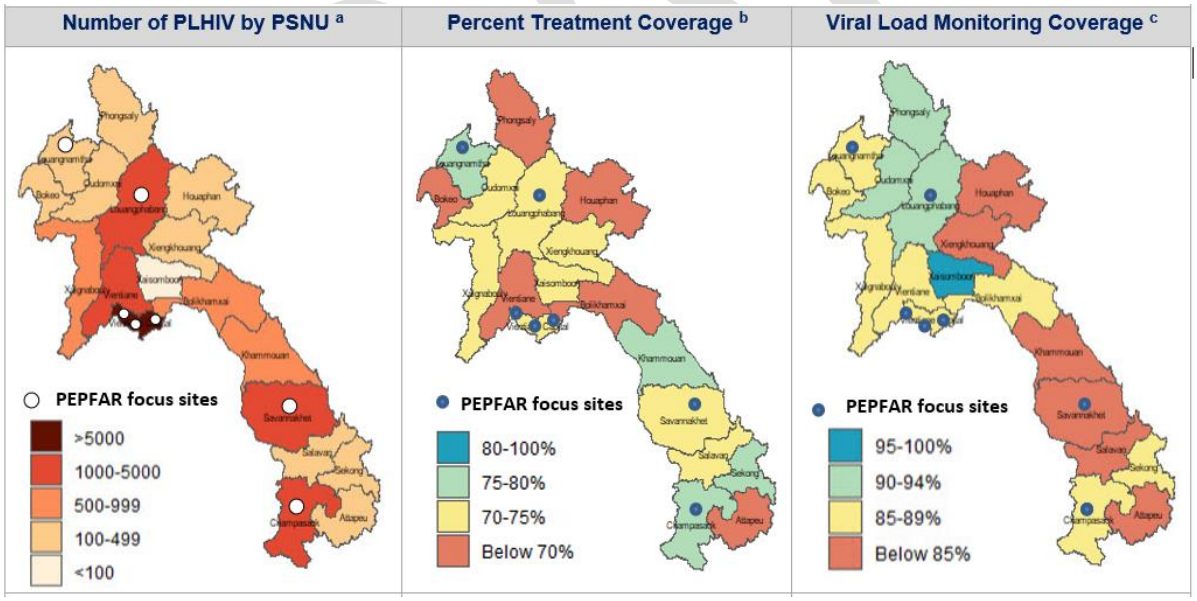


Figure 27: Map of People Living with HIV, Treatment Coverage, and Viral Load Monitoring Coverage, Lao PDR

Data source: DHIS2 database as of 2023Q1 and using client's residence for calculating percent coverage of ART and viral load tests. Note: [a] Estimated PLHIV FY22 from spectrum update 23Feb2023; [b] Treatment coverage = TX_CURR FY23 Q1/ PLHIV diagnosed; [c] VL coverage is Testing/VL eligible (Current ART patient on ART> 6 month)

PLHIV are concentrated in VTC and seven provinces, as shown on the map. Analysis of ART and VL testing coverage using client residence as denominator shows challenges in ensuring ART access to PLHIV in high burden provinces such as VTC, Vientiane province, Luangprabang, and SVK. This indicates inequitable access to HIV treatment services to those most in need. Although those provinces have one provincial hospital that provides ART (with exception of VTC that has three ART sites), it is not sufficient to reach PLHIV due to access barrier as well as S&D.

Table 48: Current Status of ART Saturation, Lao PDR

Current Status of ART Saturation, Lao PDR				
Prioritization Area	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)***
Scale-up: Aggressive	15,440 (84%)	8,465	5	5
No Prioritization	2,971 (16%)	1,309	13	13
Total National	**18,411**	**9,772**	**18**	**18**

** In ROP23 (FY24) SNU has been changed from provincial level to national level, thus, there is only one SNU for ROP23 (FY24). However, this table shows the number of PEPFAR-supported provinces compared to all provinces in Lao PDR.*

In ROP23, based on 2023 AEM estimate, the estimated number of PLHIV is expected to increase to 18,411 in FY24/ROP23, which is a 6% increase from the total estimated number of PLHIV in FY22. PEPFAR will continue to support five high HIV burden provinces, namely CPS, SVK, VTC, Luangprabang, and Luangnamtha, where 84% of PLHIV in Lao PDR reside. The remaining provinces that are not supported by PEPFAR account for 16% of national PLHIV and those provinces are covered by other partners such as the GFATM and the AIDS Healthcare Foundation (AHF). PEPFAR will continue to work with all HIV stakeholders to harmonize programming for impact.

Within these PEPFAR-supported provinces, the estimated number of PLHIV is expected to increase by 3% from FY23. PEPFAR will aggressively increase treatment coverage by 12% to achieve 9,884 PLHIV on treatment, which will involve more than doubling case finding from 616 in FY23 to 1,538 in FY24. This will help to close the treatment gap by 9%. (Summary of targets from FY21 to ROP23 in Appendix D)

Pillar 1: Health Equity for Priority Populations

Key Population

To address the increasing number of new HIV infections among KPs, especially young populations, PEPFAR will provide community-based DSD, supported by community-based supporters, to reach MSM and TG in three high-burden provinces: CPS, SVK, and VTC, with a special focus on high-risk youth and young MSM and TG. PEPFAR will expand HIVST and diversify index testing by using community outreach, promoting condoms and lubricants to reduce infections, intensifying online and off-line social network outreaches to reach hard-to-reach youth, MSM, and TG. Where available, PEPFAR will put effort to recruit youths as community-based supporters and Peer Mobilizers to better reach KP youth networks and groups. PEPFAR will also collaborate with CHAS to advocate for decentralized HIV/AIDS services at Vientiane Capital Youth Center and community-based center run by a local CSO.

The implementation of status neutral HIV testing will enable positive clients to be referred to confirmatory testing and SDART initiation at the health facility with the assistance of community-based supporters, and negative clients will be rapidly linked to initiate PrEP services in community by using self-test results. The key prevention strategy in ROP23 is to support the GOL in aligning the national PrEP guidelines with the updated global WHO guidelines and reducing pre-testing lab requirements, which will facilitate community-based PrEP initiation and accelerate its uptake among MSM and TG. Making PrEP available at non-clinical settings such as youth centers will address stigma, including self-stigma, and discrimination associated with having to get PrEP drugs at the ART center when they are HIV negative and taking drugs while healthy. It can also simplify the process of accelerating PrEP for young MSM (YMSM) and TG who do not want to be perceived as PLHIV. We will explore diversified approaches among at risk youth and YMSM/TG.

PEPFAR will collaborate with CSO, CHAS and healthcare facilities to explore ways to bring integrated HIV services closer to those who need them the most at youth centers and communities, for example, through comprehensive outreach center run by CSO. Additionally, PEPFAR will work closely with the GOL, CSOs, the GFATM, and other partners to define a national KP outreach model in Lao PDR and promote youth-friendly HIV services and best practices for KPs. PEPFAR will continue to provide joint training for HCWs and community-based supporters on integrated HIV services for KPs and streamline KP-competent and youth-friendly HIV services with modernized testing and prevention. Also, PEPFAR will provide technical support, such as capacity building on KP classification, mental health counseling and referral, and IPV assessment. In ROP23, KPs and at-risk youth will be consciously reached with demand creation and refined tailored messages to increase HIV awareness, confidence in HIV counselling and testing services, and PrEP and ART uptake facilitated by the improved trust-

building process between young clients and providers. Responding to the new PEPFAR's investment in improving the HCWs' ability to correctly classify the KP clients at the ART facilities, PEPFAR will identify an additional 150 KP from the clients tested positive through PITC approach during ROP23

1.2 At-risk youth

Based on facility index testing data for FY22, the positivity yield was high, with 37% among individuals aged 15-19 years and 65% among those aged 20-24. The data from FY23 (Q1-Q2) also indicates a high HIV positivity rate of 29% among young partners under 25 years old. Therefore, PEPFAR will continue to maximize case finding strategy among the at-risk youth that PEPFAR supported health facilities. PEPFAR will collaborate with facility to revise PITC tools by, 1) offering self-tests at both online and offline platforms in selected PEPFAR-supported sites, 2) providing tailored index testing services for young clients, and 3) using a combination of index testing with SNS and HIV self-tests to reach young clients. After testing, providers will refer young clients for appropriate biomedical prevention service, or care and treatment depending on their HIV status. In addition, PEPFAR will train HCWs to provide youth-friendly services with basic mental health skills by adopting stigma reduction package in the PEPFAR-supported sites and integrate self-stigma assessment into the existing S&D survey conducted at the facility.

1.3 Discordant couple

PEPFAR provided TA to CHAS and stakeholders to launch the implementation of Index Testing services in 2021 in which serodiscordant partners are among the focus of this case finding strategies. It is critical that index partners and biological child of PLHIV receive HIV testing and counselling to be aware of the HIV status and that those discordant partners stay negative. PEPFAR will continue to monitor the data and provide coaching and supportive supervision in PEPFAR targeted sites to promote serodiscordant partners' access to preventive measures especially PrEP, condoms, and lubricant.

1.4 Addressing stigma, discrimination, human rights, and structural barriers

HIV-related S&D remains one of the main structural barriers affecting the entire cascade of HIV services especially among MSM and TG. CHAS has conducted bi-annual S&D monitoring among healthcare workers and PLHIV in ART sites since 2018 to evaluate the experience of services received at ART clinics. However, the lack of available mental health services to help reduce self-stigma and provide coping strategies remains a challenge.

ROP23, through additional health equity fund (LIFT-UP) aims to reduce self-stigma and increase mental health capacity to reach high-risk young MSM and TG, undisclosed MSM, and its partners in the community as well as at the facility to increase uptake of HIV services. At community, PEPFAR will; 1) conduct the key population mental health competency training of trainers to the counselors at the Vientiane Youth Center and HCWs at selected ART sites, building on the regionally tested tool, 2) engage the trained counselor to capacitate community-based supporters and HCW for effective mental health referral in PEPFAR supported sites; 3) conduct the landscape analysis of available mental health services for community referral mechanism; 4) provide MH training specific to KP to the MH referral network as needed; 5) support CSOs to develop communication materials to raise awareness on MH issues and availability of upgraded MH services at Vientiane Youth Center and ART sites. At facilities, PEPFAR will 1) adapt Thai MOPH's S&D e-learning video and the Self-Stigma Reduction Package (SRP) among HCWs and community staff working on HIV at all ART sites; and 2) conduct training on, implement, and evaluate the individualized SRP based on the assessed self-stigma score from minimum U=U messaging to the provision of the counseling sessions and referral of high-risk PLHIV to routine MH services.

CLM initiated in FY23 will also identify S&D issues that MSM, TG, at risk youths and PLHIV face as well as other barriers that prevent them from accessing services and continue to inform the HIV program for improved response. KP/PLHIV-led CSOs will also form CLM committee and strengthen the leadership of young KP and youth in forming the HIV program in country.

In ROP23, the MOH and other relevant stakeholders will collaborate to develop a national roadmap and tools for addressing S&D among key partners and CSO.

Pillar 2: Sustaining the Response

2.1 Sustainability vision and roadmap

With the current deteriorating economic condition, currency depreciation, a tight fiscal space, and the present UNAIDS goal achievement of 79:71:74, the sustainability discussion with increase in domestic financial responsibility may be a premature topic to engage the GOL with. However, PEPFAR together with other key stakeholders will prioritize functional and political elements of sustainability. During FY22-23, GOL with support from PEPFAR and GFATM has convened several national HIV/AIDS program reviews meetings where various areas of health system strengthening from HRH, national data system, surveillance and lab system to domestic financial responsibility are discussed.

In ROP23, PEPFAR will continue to strengthen the capacity of local CSOs and GOL in HIV program response and support the dialogue with stakeholders to form and map the national KP outreach program model with differentiated packages of KP program services based on the burden of HIV/AIDS disease in country. PEPFAR will also continue to engage CHAS, CSO, GFATM, UN agencies and other stakeholders to develop a sustainability vision and roadmap for a sustained national HIV response.

2.2 Government to Government Award and Partner Localization

As an effort to build local capacity for HIV response, PEPFAR initiated adjustment in how the program is implemented. PEPFAR continues to invest in CHIAS, the only local CSO working with MSM and TG and other KP, for KP program implementation and for them to establish a local CSO-run HIV community outreach center. Since ROP22, APL+, the local PLHIV organization, has led the CLM with support from CHIAS, EPIC, and other HIV stakeholders. In FY22, as mentioned above, PEPFAR supported the piloting of social marketing of self-test OraQuick at the private pharmacy in Vientiane Capital and local procurement of condoms and lubricants. In ROP23, PEPFAR will explore ways to make the self-test more widely available to high-risk population in country by having self-test kits available at private pharmacies and scale-up support for local procurement of condom and lubricant to increase usage to prevent further infections among MSM, TG, and high-risk youth.

2.3 Health Financing

HIV investment in Laos is primarily led by the GFATM, PEPFAR and GOL and other bi- and multi-lateral partners and NGOs, such as AHF and United Nations. The GFATM has contributed substantially the HIV commodities in the past except a few medical essentials, self-test kits, condoms, and lubricants. The unstable currency fluctuations created the gap in financing the US dollar denominated HIV commodities and led to the GOL's inability to meet the co-payment requirement agreed with the GFATM in FY22/23. In the new 3-year GFATM envelope, the GOL has decided to use some of the GFATM financial support to fund TB and HIV drugs while GOL will also contribute to HIV program cost. With ever-increasing fiscal constraints, GOL relies on PEPFAR and partners to finance HIV program responses especially community and outreach activities to reach MSM and TG.

2.4 Quality management

Together with the National QI committee, PEPFAR has been supporting GOL to promote the use of routine data to improve quality of services and introduce a CQI program in PEPFAR-supported sites. This program will use routine HIV performance data of health facilities to develop CQI topics and their corresponding improvement work plans. The program will help improve treatment interventions at low-performing sites by providing QI coaching and supervision visits with the goal to establish a country-led regular CQI process for HIV services by FY30, with progress monitored and reported regularly. These interventions will focus on several areas, such as index testing, PITC, SDART, VL testing, IIT, S&D reduction, enhanced adherence counselling (EAC), mental health, and linkage to selected NCD services. In addition, an annual QI meeting will be held to share best practices and innovation among HCWs from ART sites. This meeting will engage HCWs in identifying barriers related to providing quality services and empower them to take action to continue improving results. The next year's continuous QI plan will be developed based on the barriers identified. This program aims to address the limited capacity of HCWs at POC ART sites with the long-term goal to have established and implemented a country-led regular lessons learned CQI process for HIV services, with identified lessons shared across all HIV service delivery points by FY30.

Pillar 3: Public Health Systems and Security

3.1. Strategy for Case finding and Linkage to treatment

PEPFAR's HIV case finding strategies includes (1) making available HIVST kits with QR code messages and simple client registration at private pharmacies and demand creation social media campaigns, (2) extending index testing plus HIVST from PEPFAR-supported sites to all ARV sites and qualified POC sites, (3) refining community outreach and linking to PrEP and ART referral, and (4) promoting PITC and HIVST to reach young KPs and other high-risk populations. Additionally, we will provide capacity building for tailored counselling on case finding, including index testing, HIV self-testing, PrEP, and ART initiation.

The substantial gap in linkage is due to the challenges faced in the VCT sites that do not offer ART services. Out of 191 VCT sites across the country, only 27 VCT sites provide HIV confirmatory tests, with 11 sites capable of initiating ART. The linkage rate for those diagnosed at ART sites was 89%, but only 57% for those diagnosed at non-ART sites. To close this gap, PEPFAR will work with the MOH to decentralize HIV confirmatory test at selected high-volume district hospitals and POC ART sites closer to clients, in addition to implementing core standards that are summarized below.

3.2 Person-centered care addressing co-morbidities

A comprehensive approach is necessary to address comorbidities and improve the quality of prevention, care, and treatment for PLHIV. PEPFAR will strengthen health systems in ROP23 by investing in capacity building and improving access to HIV and NCD services while ensuring that services are integrated and coordinated. This will involve training healthcare workers on HIV, TB, hypertension, and mental health services. The program will also integrate linkages between HIV service delivery and selected NCD services to improve health outcomes and reduce the burden on healthcare systems. MMD for HIV and NCDs will be provided and differentiated care will address the specific needs of PLHIV and NCDs.

In line with these efforts, the current online training and HIV Community of Practice (CoOP) activity in Lao PDR aims to improve the community of practices for HIV programs among healthcare workers using the online training model. The activity seeks to conduct online training for case-based discussions and quality improvements on topics related to HIV care, promote people-centered HIV services, and improve provincial/regional efforts to achieve the 95-95-95 target. The main goal is to address gaps in HIV services that vary and the lack of knowledge and training among healthcare providers. In ROP23, PEPFAR will establish HIV CoP in provincial/regional nodes based on MOH's strategy, transition HIV CoP to the CHAS system, and develop and maintain an HIV online Hub learning portal platform for sharing knowledge and materials from CoP training. These efforts will complement PEPFAR's overall approach to strengthen health systems and improve access to care and treatment for PLHIV and NCDs in Lao PDR.

3.3 Supply Chain management

In ROP23, PEPFAR Laos will continue to facilitate discussions between MOH, OraQuick self-test kit manufacturers and private pharmacies to have self-test kits available at local private pharmacies in Laos. To guarantee sales of imported self-test kits, PEPFAR will procure self-test kits used in the program from the local private pharmacies as well as condoms and lubricants. PEPFAR will collaborate with CHAS, PCCA, the GFATM/Health and Nutrition Services Access Project, and CHAI, to quantify and forecast PrEP at national and provincial level.

3.4 Laboratory System

With the expansion and decentralization of HIV testing, VL testing, and rapid test for recent infection (RTRI) test, PEPFAR will continue to prioritize the implementation of an external

quality assurance (EQA) program, including proficiency testing (PT) and internal QC to ensure the accuracy and reliability of test results.

In ROP23, PEPFAR will support the national EQA program for HIV testing, VL, and recency at 157 sites, 18 sites, and 14 sites, respectively. Additionally, PEPFAR will work with the National Centre for Laboratory and Epidemiology (NCLE) to establish a national EQA center for other lab testing and support the implementation of a digital platform to improve the quality of HIV testing services. This will include expanding the VLAO system to all sites and increasing the use of the VLAO system to generate VL reminder reports to address the VLC gap, which is the main contributor for low VLS target achievement PEPFAR will provide TA on integrating VLAO system to the newly established LIS for the GeneXpert machines.

Furthermore, PEPFAR will partner with NCLE and WHO to review and update the national HIV test algorithm to align with the current country context, assessing laboratory routine processes to identify potential areas for improvement in the quality management system, and building the capacity of lab staff on QMS with a focus on prioritized areas of improvement.

3.5 Human Resource for Health

The majority of PEPFAR above-site investments focus on developing and strengthening capacities of HIV service providers at facility and community. In ROP23, PEPFAR will support CHAS in building HCW's ability to provide quality stigma-free care through supportive supervision and monitoring of HIV testing, linkage to treatment, VL testing, training on use of DHIS2 system, KP cascade services and mental health counseling and referrals, Community cadres will be trained on collaboration with HCW for the seamless transition from community to facility care, adherence and counseling support as well as assisting HIV self-test with KP clients. The HRH also includes the capacity development within the government and CSO which is critical in sustaining the response, In ROP23, PEPFAR will continue to support CHAS in planning and coordination of national HIV response, HIV PrEP quantification and forecasting, updating policy and guidelines to global guidance and to remove structural barriers to HIV access, and providing TA for quality control. PEPFAR will continue to strengthen the technical and operational capacity of local CSOs to enable transition of HIV program in long-term.

Pillar 4: Transformative Partnerships

PEPFAR Laos will work in partnership with CHAS and APL+ on the implementation of CLM, community-based supporters/HCW join trainings on KP programming including addressing mental health and S&D issues, partnership with the GOL and private pharmacies on marketing

HIVST kits, condoms, and lubricants through local procurement, regional knowledge sharing on telehealth and DDD, and collaboration with GFATM on national KP models. Moreover, PEPFAR Laos will initiate partnership with Vientiane Youth Center to improve access to young KP.

Pillar 5: Follow the Science

Laos MOH will continue to implement recency surveillance nationwide and set up response plans as recent infection clusters are detected. Data from prior year implementation will continue to guide national and resource mobilization plans to focus on young people as indicated by Spectrum AEM and Recency data. HIV Sentinel Serosurveillance survey-plus (HIV sero-sentinel surveillance) will complement the IBBS survey and provide up-to-date estimate on KP size and key behavior characteristics by integrating relevant behavior survey questions in routine VCT monitoring for KPs and young people. Behavior data will help inform and monitor HIV epidemic and fine tune target interventions further.

Strategic Enablers

Community Leadership

PEPFAR support for CLM activity started in FY23 after long reiteration on the history of community- based monitoring initiated by the GFATM as well as key challenges and opportunities. In Laos CLM has traditionally been called community-based monitoring (CBM) to address politically sensitive term of “community-led“ from the one-party government system. However, with the PEPFAR ‘s engagement, the term CLM was introduced though GOL still uses CLM and CBM interchangeably. Nevertheless, in essence, the activity is led by the local CSOs, APL+, to improve the HIV services received by MSM, TG and PLHIV. APL+, the only PLHIV CSO in the country, will lead the CLM activity with support from CHIAS, the only CSO working with MSM and TG, and PEPFAR to capacitate the local CSOs. PEPFAR will continue to support a CLM committee, where CLM tools such as community-based focus group discussion (FGD) targeting PLHIV and KP were reviewed and updated, to be a platform for where CLM results are presented, validated, and discussed in coordination with CHAS and key HIV stakeholders to find ways to improve HIV/AIDs services for KPs and PLHIV and share lessons learnt. PEPFAR will continue to explore the partnership with local institution such as the National Institute of Public Health Laos (NIPH-Laos) to carry out key informant interviews with HCWs at ART facilities as well as to provide technical support in tool development with CSOs to build long-term local sustainability. In ROP23, CLM aims to include young KP and at-risk youth as part of the FGDs to collect information on their experiences in accessing HIV prevention such as PrEP and

condom and lubricants as well as treatment and care services including S&D experience and self-stigma and use of mental health services.

Additionally, CSOs are actively engaged in the ROP23 planning process together with GOL, the GFATM and UN agencies. CSO's appeal on the need to incorporate mental health into HIV programming to address S&D among KP during the ROP was critical in formulating the health equity proposal that granted additional resources for ROP23 implementation.

Innovation

VLAO System: Introduction of VLAO system improved the quality of VL testing procedures by shortening the turn-around time for processing and reporting the VL results to the clients at the same time controlling quality of data by auto-generating the list of clients who are due for VL testing, reducing errors, and improving reporting mechanism.

Self-test: The MoH approved two national guidelines on community-based HIV testing and HIV self-testing and approved a SOP and social marketing campaign for the marketing and selling of HIV self-test kits, which has been provided free of charge by the program to KPs, by piloting and partnering with two private pharmacies and the Youth Center in Vientiane capital to make Oral-Quick tests available for purchase to everyone interested but having specific social marketing campaigns to target youths and KPs

Building on this partnership, in ROP23, PEPFAR has started to further support a longer-term availability plan of locally available HIV self-test kits with local pharmacies through facilitating discussion between MOH, OraQuick self-test manufacturer and local pharmacies to import HIV self-test kits to be available for local purchase. PEPFAR is also negotiating to have QR code on the packaging that provides short bite size information on HIV prevention and a link to a short video on how to use the OraQuick test kits, information on how to read the results and who to contact if the results are reactive or not. There is discussion to also include a short online registration for the client to fill out to know who purchased the self-test kits on the self-test kit packaging.

Community-based tracker for KP: PEPFAR has developed the community-based case tracker system that integrates all the key data and HIV services that the client receives across KP cascade as part of the holistic client centered approach. This system builds on the previous CommCare smartphone application that was used to track KP clients, however this new system will use the client's unique ID and can feed the details directly into the MOH's DHIS2 platform.

In ROP23, PEPFAR will support training of community tracker among community-based supporters and HCWs in PEPFAR community supported sites to ensure complete data entry, backtrack data entry of existing clients and use this new system for new clients.

Leading with Data

The national program case surveillance is now fully implemented through DHIS2. To ensure high-quality and timely data entry, DQA and data quality improvement (DQI) will be put in place. PEPFAR has supported the development of the automatic analysis and visualization of HIV program indicator data and recency surveillance data dashboards. In ROP23, PEPFAR will support development of new prevention indicator reports, for example, PrEP and morbidity and mortality dashboards. This initiative will strengthen data usage for M&E and QI by MOH, Provincial Health Office, ART sites, and their community partners. To identify gaps and develop program improvement plans, MOH will conduct regular data reviews.

Target Tables

Table 49: Target Table 1 ART Targets by Prioritization for Epidemic Control, Lao PDR

Target Table 1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) *TX_CURR***	**Newly Initiated Target (FY24) *TX_NEW***	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Scale-Up Aggressive	14,953	853	8,598	9,884	1,465	66.1%	N/A
No Prioritization	2,864	163	1,645	1,524	281	53.2%	N/A
Total	17,817	1,016	10,243	11,408	1,746	64.0%	N/A

Data source: AEM spectrum update 23 Feb 2023 and ROP23 Target Setting Tool

Table 50: Target Populations for Prevention Interventions to Facilitate Epidemic Control, Lao PDR

Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target**	**FY25 Target**
KP_PREV	62,487	4,128	5,570	N/A
TOTAL	62,487	4,128	5,570	N/A

Data source: AEM spectrum update 23 Feb 2023 and ROP23 Target Setting Tool

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**
    - ❖ Safe and ethical index testing is being provided to all index cases in 7 PEPFAR supported sites and 11 ART sites. IPV assessment is in national guideline and routinely monitored by CHAS and providers adhere to 5'Cs, Children with biological parent/sibling living with HIV are offered HIV test using monitoring through DHIS2, VCT, ART logbook for index clients PEPFAR's contribution includes: Revised SOP for index test to include self-test in pilot sites (Sethathirath, Mahosot, Friendship Hospital, SVK, CPS); HIV self-tests are used for index testing in communities targeting MSM and TG. Plan for FY24 includes (1) to expand revised SOP to all PEPFAR-supported sites. (2) Improve tracking of contacts at community and facility level to monitor youth uptake

2. **Fully implement "test-and-start" policies**
    - ❖ National HIV treatment guidelines recommend same-day and rapid ART initiation; SD and rapid ART initiation implemented at all 11 ART sites; and established 9 POC ART sites but only few can initiate ART. PEPFAR's contribution includes: Supported expansion of POC testing ART in provinces with no ART sites. Plan for FY24 includes: (1) Promote simplification of ART initiation and one-stop service for POC ART for uncomplicated cases. (2) Provide additional advocacy and training to increase uptake of SDART and improve linkage from VCT to ART sites

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**
    - ❖ National PrEP guidelines launched for MSM and TG in FY21; PrEP service available in Vientiane capital and expanded to Champasak and Savannaket in FY22; and PrEP service expanded to serodiscordant couples in FY23. PEPFARs contribution includes Revision of PrEP guidelines; and support with exploring cost of PrEP service for scale up. Plan for FY24 includes: (1) Update PrEP guideline to remove various test requirement in line with WHO guideline; and (2) collaborate with CHAS and PCCA to provide decentralized services for prevention at Vientiane Capital Youth Center.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.
    - ❖ This is not applicable to PEPFAR Laos.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
    - ❖ The HIV services in Laos are provided free of charge.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity**
    - ❖ CHAS conducted bi-annual S&D monitoring among HCWs and PLHIV at ART sites since 2018; and QI interventions have been implemented targeting areas identified from survey results. PEPFAR contributions included, technical support on S&D and review of S&D findings to develop QI plan to reduce S&D in healthcare facilities. Plans for FY24 include: (1) Assess S&D structural barriers at 7 PEPFAR sites and provide recommendations for improvement and (2) support S&D self-stigma reduction through LIFT with mental health counseling referral.

7. **Optimize and standardize ART regimens**
    - ❖ The status of implementation includes National HIV treatment and care guidelines recommend TLD as the preferred first-line regiment for all PLHIV; TLD uptake was 94% in 2022 and pediatric DTG is available in the national program. PEPFAR contributions include supporting TLD uptake monitoring and QI in the annual QI workshop. The plan for FY24 includes further improve TLD uptake at selected sites as part of QI activities

8. **Offer DSD models**
    - ❖ The status for implementation of MMD > 3 months uptake was 88% - including 9% 6-month MMD in 2022. PEPFAR contributions have included - Implemented DSD models during COVID-19, including ARV delivery via post, 4- to 6-month MMD, and ARV delivery through community peers and provided TA on benefits of 6-month MMD, barriers and plans for achieving 6-month MMD. The plan for FY24 includes (1) support expansion of ART POC sites; (2) increase the uptake of 6-month MMD by promoting 6-month minimum stock of ART and (3) initiate community PrEP provision.

9. **Integrate TB care**

- The status of implementation includes - National HIV treatment and care guidelines recommend the provision of TPT to all PLHIV after excluding TB. TPT uptake was 49% among newly diagnosed PLHIV and 71% among PLHIV currently on ART in FY22. PEPFAR contributions have supported capacity building on OI and TB management for health care workers. The plan for FY24 includes – strengthening capacity of HCW to diagnose and manage TB, increase medication availability, and enhance quality of health services.

10. **Diagnose and treat people with AHD.**

- The status of implementation includes - AHD treatment package in the National HIV Treatment and Care Guidelines includes CD4 count, CXR, and complete blood count at baseline, TB/OI treatment, and prophylaxis (cotrimoxazole for PLHIV with CD4<200 cells/cu.mm, fluconazole prophylaxis for PLHIV with CD4<100 cells/cu.mm). The GFATM has committed to supporting the procurement of TB LF LAM test. PEPFAR contributions include - introduction and incorporation of TB urine LF LAM in national guidelines in 2022. The plan for FY24 includes – Implementation of TB urine LF LAM in three tertiary-care ART facilities in Vientiane by building capacity of HCWs on how to use the test and developing SOPs and tools for implementation,

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**

- The Laos MOH with support from development partners has decentralized TB and HIV services including decentralizing GeneXpert testing at points of care to improve the access and reduce turnaround time of TB diagnosis and HIV VL result. PEPFAR contributions include the development of the VLAO system to improve efficiency of VL result delivery. The plan for FY24, includes (1) expand VLAO system to additional site; (2) integrate VLAO system in LIS to streamline workflow and reduce workload and TAT; (3) review and update of national HIV testing algorithm; (4) build capacity in prioritized areas of improvement with particular focus on QMS; and (5) capacitate NCLE to serve as the national EQA center for all laboratory tests.

12. **Integrate QA and CQI practices into site and program management**

- ❖ Laos MOH has rolled out the implementation of 5 good 1 satisfaction policy to improve the quality of health care services (5 goods = (1) warm welcome, (2) cleanliness, (3) convenience, (4) accurate diagnosis, (5) good and quick treatment, and satisfaction by the patient). A National QI Coaching check list has been developed and trained. PEPFAR contributions include the promotion of the use of routine data to improve quality of services and introduction of a continuous quality improvement (CQI) program in PEPFAR-supported sites. The plan for FY24, includes (1) establish the national QI committee to review national HIV data, define annual national CQI theme(s), identify poor-performance hospitals for coaching, and summarize lessons learned and best practices from sites and (2) Develop guidelines to identify areas for improvement with clear quality indicators, engage stakeholders in QI process, use QI to monitor and evaluate progress.

13. **Offer treatment and viral-load literacy**

- ❖ National ART Guidelines have been updated in 2022 and disseminated to ART and POC sites; U=U content is included. Selected POC ART sites have initiated ARV for asymptomatic new PLHIV including pregnant women diagnosed HIV+. PEPFAR contributions include – implementation of EAC manual and flipchart for HCP at 11 ART sites and developed and implemented treatment literacy package including U=U message at PEPFAR-supported sites. Plans for FY24 include – (1) expand EAC training and flipchart to cover all ART and POC ART sites; and (2) implement treatment literacy package including U=U message.

14. **Enhance local capacity for a sustainable HIV response**

- ❖ The status of implementation includes a developed community tracker to monitor KP cascade data. PEPFAR contributions include the provision of joint training of KP cascade service to community-based supporters and HCW for KP-& youth-friendly services. Plans for FY24 include – (1) train HCW and community-based supporters on Community tracker and KP classification for improved monitoring and (2) continue to build CSO's technical and operational capacities to implement and monitor KP program and lead CLM.

15. **Increase partner government leadership**

- ❖ The status of implementation includes strengthening the GOL capacity to coordinate national HIV response through quarterly meetings with HIV stakeholders. PEPFAR contributions have included support to CHAS and PCCA for quantification and forecasting of PrEP. Plans for FY24 include – continued support to CHAS and PCCA to plan and coordinate quarterly meetings with stakeholders to share lessons learnt and program harmonization across partners on KP program and HIV programs.

16. **Monitor morbidity and mortality outcome**

- ❖ The status of implementation includes the VCT and ART trackers in DHIS2 collect and monitor AIDS cases and HIV related deaths. PEPFAR contributions include support with development of an automatic analysis and visualization of HIV program indicator data and recency surveillance data dashboards. Plans for FY24 include (1) support DQA to ensure high data quality and analysis from DHIS2; (2) continue to support development of new prevention indicator reports such as PrEP, and morbidity and mortality dashboards; and (3) continue to implement Master Patient Index in data linkage/analytic algorithm.

17. **Adopt and institutionalize best practices for public health case surveillance**

- ❖ MPI has been implemented since 2021-2022 by integration the algorithm in DHIS2 data analytic and Power BI HIV case surveillance dashboard. PEPFAR supports CHAS to maintain and update DHIS2 system with new indicators (PrEP, self-test) and to analyze data. Plans for FY24 include (1) PEPFAR will support CHAS analyze DQA results to determine quality of matched and unmatched records, which will inform algorithm adjustment, improve data quality at sites and provide more accurate national HIV cascade data. (2) Continue to support national recency surveillance and HHS+ by integrating behavior questions in routine HHS.

USG Operations and Staffing Plan to Achieve Stated Goals

In ROP23, PEPFAR Laos will maintain the same level of staffing as ROP22. Only one LES is funded by PEPFAR. PEPFAR program is coordinated by the interagency structure composed of

both CDC and USAID and technical support is provided by both USAID's Regional Development Mission Asia and CDC Thailand.

APPENDIX A – PRIORITIZATION

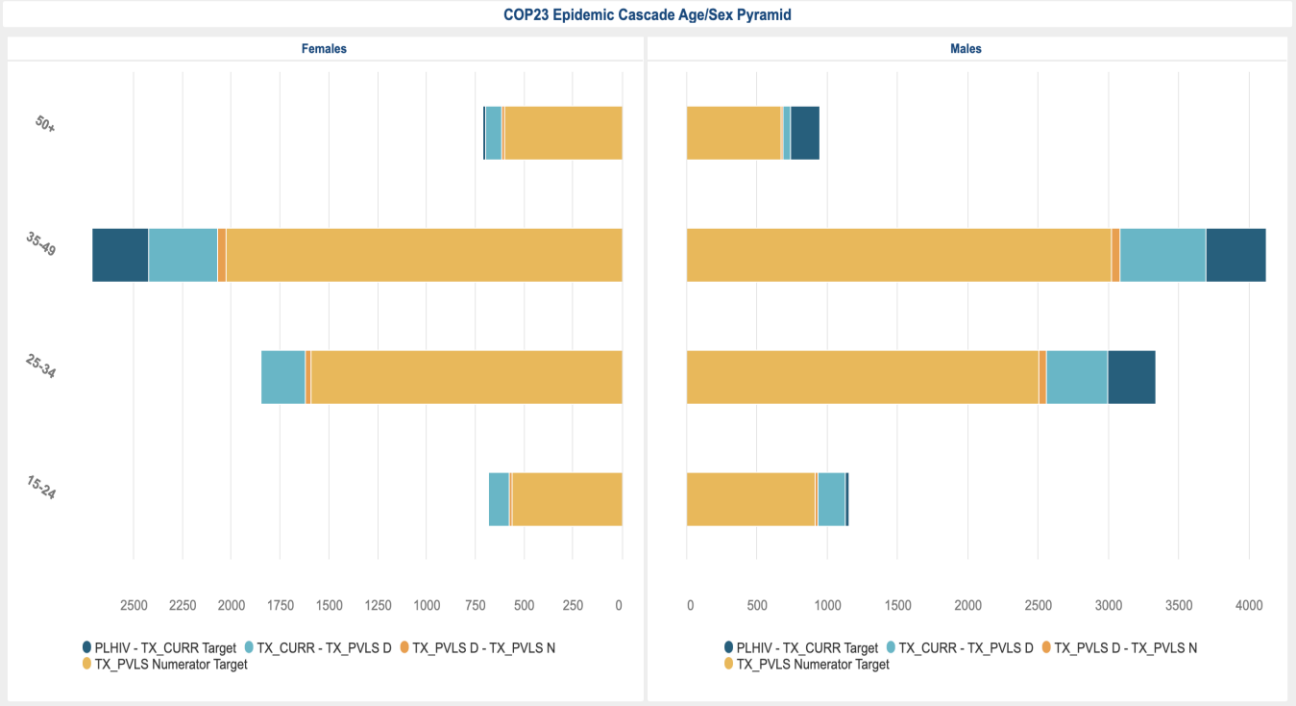


Figure 28: Laos ROP23 Epidemic Cascade Age/Sex Pyramid

Source: ROP23 Target Setting Dossier in PAW

APPENDIX B – Budget Profile and Resource Projections

Table 51: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Lao PDR

Table B.1.1: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$2,245,000**	**$2,385,000**
Asia Region	**Total**		**$2,245,000**	**$2,385,000**
	Laos	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$230,717	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$142,000
		ASP>Human resources for health>Non Service Delivery>Key Populations	$44,464	$44,464
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$110,000	$53,608
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$89,494	$74,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$42,199
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$91,291
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$21,800
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$39,987	$43,151
		C&T>HIV Clinical Services>Service Delivery>Key Populations		$312,425
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$21,000	
		HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	$9,492	
		HTS>Community-based testing>Service Delivery>Key Populations	$162,500	$163,188
		HTS>Facility-based testing>Non Service Delivery>Key Populations		$5,000
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$10,000	$41,675
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$3,000	$20,000
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$367,437	$632,499
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$109,054	$131,974
		PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$25,000	$20,000
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$164,714
		PREV>PrEP>Service Delivery>Key Populations	$292,500	$241,012
		SE>Psychosocial support>Service Delivery>Key Populations		$140,000
			$730,355	

Table B.1.2 ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Operating Unit	Country		Budget	
		Program	2023	2024
Total			$2,245,000	$2,385,000
Asia Region	Total		$2,245,000	$2,385,000
	Laos	C&T	$410,487	$355,576
		HTS	$184,992	$229,863
		PREV	$512,750	$425,726
		SE		$140,000
		ASP	$660,280	$469,362
		PM	$476,491	$764,473

Table B.1.3 ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			$2,245,000	$2,385,000
Asia Region	Total		$2,245,000	$2,385,000
	Laos	Key Populations	$1,111,413	$1,133,002
		Non-Targeted Populations	$1,133,587	$1,251,998

Table B.1.4 ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Operating Unit	Country	Initiative Name	Budget	
			2023	2024
Total			$2,245,000	$2,385,000
Asia Region	Total		$2,245,000	$2,385,000
	Laos	Community-Led Monitoring	$86,663	$86,663
		Core Program	$2,127,837	$2,158,337
		LIFT UP Equity Initiative		$140,000
		Surveillance and Public Health Response	$30,500	

B.2 Resource Projections

ROP23 required resources were calculated by referencing the IP reported data from the FY22 expenditures, FY23 FAST, and FY23 workplan and budget. The commodity budget was adjusted based on the FY22 and FY23 expenditures, scale-up and potential increased cost of freight.

APPENDIX C – PEPFAR Laos PASIT addressed PEPFAR's core standards and country's gaps

1. Safe and ethical index testing

IPV counseling is only possible at the provincial hospital, affecting the uptake of index testing. PEPFAR will help leverage CHAS, WHO and CSOs support to address the gaps by (1) offering HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV. (2) IPV assessment is in national guideline and routinely monitored by CHAs and providers adhering to 5'Cs. (3) Revise index testing SOP and strengthen capacity of index testing plus HIVST at 11 ARV sites. (4) Expand index testing implementation to 11 ARV sites, refine with HIV-self test to reach reluctant partners, and review existing SOPs in 5 pilot sites before expanding to all PEPFAR-supported sites. (5) Work with facilities and CSOs to ensure all new PLHIV are in the index client's list. (6) Collaborate with CHAS, WHO, and CSOs for supervision, M&E, and constructive feedback for service improvement. (7) Diversify index testing through use of targeted community outreach. (8) Plan to revise index testing guideline in late FY24 and fully integrate index testing monitoring system in National Databased system/DHIS2.

2. Test and start policy

Gaps noted include lack of HCW's capacity and that only 60% received SD/rapid ART. Through leveraging CHAS and CSOs, PEPFAR will support gaps through coaching activities and simplify ART initiation to promote uptake of SD ART initiation. Additionally, decentralize HTS confirmatory testing and ART services at selected district hospitals and youth centers.

3. PrEP/PEP

In FY24, PEPFAR will develop implementing or monitoring tools that include quarterly supportive supervision and effective recommendations to improve index testing and linkage to PrEP services. Update PrEP national guideline to be in line with global WHO standard,

removing pre-testing requirement and decentralize PrEP delivery and initiate community PrEP. Leverage with CHAS, WHO, GFGFATM and CSOs

4. **OVC –** This is not applicable to PEPFAR Laos.

5. **Ensure HIV services are free to the public** HIV services are currently free of charge in Laos

6. S&D

In Laos (self) S&D is among the main structural barriers affecting the entire cascade of HIV services especially among MSM, TG, and PLHIV. Additionally, lack of competent Mental Health Services is an identified gap. PEPFAR will leverage CHAS, UNAIDS, GFATM and CSO support to reduce self-stigma and increase mental health capacity to reach high-risk young MSM, TG, and PLHIV and their partners in the community as well as at the facility to increase uptake of HIV services. Visit 7 PEPFAR-supported sites to assess S&D structural barriers. Document the extent and impact of each barrier and provide recommendations for improvement. Lastly, identify top 3 S&D barriers across all 7 facilities based on #1. Develop recommendations for improvement, work with facility staff to implement them, and monitor progress. (Leverage with CHAS, UNAIDS, GFGFATM and CSOs)

7. Optimize and standardize ART regimen

TLD is first-line regimen in newly diagnosed PLHIV and PLHIV currently receiving ART. TLD uptake was 94% in 2022. PEPFAR will further improve TLD uptake in selected sites as part of QI activities. (Leverage with CHAS, WHO and GFATM)

8. Differentiated ART service delivery

Gaps remain with limited access to ART. Uptake of MMD > 3 months was 88%, including 9% of 6-month MMD in 2022. PEPFAR will support the expansion of ART-POC sites and work with

CHAS and other partners to increase the uptake of 6-month MMD by promoting 6-month minimum stock of ART. (Leverage with CHAS, GFATM, WHO and CHAI)

9. Integrated TB care

There is an observed reduction in uptake of TPT among PLHIV due to, in part, stock issues. PEPFAR focus will be improving healthcare worker capacity to diagnose and manage TB, increasing medication availability, and enhancing the quality of health services. (Leverage with CHAS, NTC, GFATM and CHAI)

10. AHD

About 40% of newly diagnosed PLHIV in Laos are late presenters, presented with AHD (CD4 count <200 cells/cu.mm). PEPFAR will support CHAS to initiate the implementation of TB LF LAM in three tertiary-care ART facilities in Vientiane Capital. This will include training healthcare providers to use the test and develop SOPs and tools for the implementation. (Leverage with CHAS, NTC, GFATM, WHO and CHAI)

11. Optimized diagnostic network for VL, TB

VLC is 86.6%. PEPFAR resources will be leveraged with CHAS, NCLE, WHO, NTC and utilized to (1) expand use of VLAO system and integrate/connect with the newly established LIS to improve VL result delivery and streamline workflow; (2) review and update national HIV test algorithm and assess laboratory routine processes for improvement; (3) provide training and capacity building for lab staff, with a focus on QMS; and (4) capacitate NCLE as national EQA center for all laboratory tests.

12. QA/CQI

Unavailable standards to ensure quality of service with limited capacity of HCW at ART/POC sites in data use for CQI activities. In ROP23, PEPFAR and CHAS will have established the national QI committee. This committee will review national HIV data, define an annual national CQI theme, identify poor-performance hospitals for coaching, and summarize lessons learned and best practices from the hospitals. Additionally, develop guidelines to Identify areas for

improvement with clear quality indicators, engage stakeholders in QI process, use quality improvement methodologies, continuously monitor, and evaluate progress.

13. Treatment and VL literacy

Gaps remain within PLHIV knowledge, with limited knowledge on U=U. PEPFAR will work with CHAS and CSOs to implement an enhanced adherence counseling (EAC) manual and a flipchart for healthcare providers in 11 ART sites and expand POC ART sites. PEPFAR will also provide TA support to CHAS to implement treatment literacy package including U=U message

14. Enhance local capacity for effective and sustained HIV response and monitoring

Limited Capacity of local CSOs in HIV response. PEPFAR, partnering with local institution such as NIPH-Laos where possible, will continue to build CSO's technical and operational capacities to implement and monitor the KP program as well as to lead the CLM to ensure the HIV programs meets the needs of the key beneficiaries, especially addressing S&D. PEPFAR will support local CSOs to establish a CLM committee that feeds into the national HIV program response. (Leverage 0 CHAS, GFGFATM, CHIAS, APL+, UNAIDS)

15. Increase partner government leadership and partnership for changes

Limited GOL capacity to plan and coordinate HIV response, limited understanding of monitoring KP cascade services. PEPFAR will continue to support GOL in updating guidelines to allow rapid community PrEP initiation and decentralized service delivery especially at Vientiane Youth Center to reach at-risk youth and young KP. PEPFAR will support CHAS and PCCA in effectively plan, monitor, and coordinate the national and provincial HIV responses targeting KPs. Additionally, PEPFAR will support joint training of community-based supporters and HCW to build capacity of KP-competent HIV service delivery including training of community tracker to report and monitor cascade of KP HIV services

16. Monitoring mortality and morbidity outcomes

There is limited monitoring of new HIV indicators. PEPFAR will work with CHAS, MOH and WHO to support filling the gaps in this area. More specifically through DQAs to ensure high quality of data and data analysis from DHIS2 and implement MPI in data linkage/analytic algorithm.

17. Adopt best practice for public health surveillance

There is lack of HIV incidence/new infections epi data. Working with CHAS, MOH -PEPFAR will support National Recency Surveillance and HHS+ (integrate behavior questions in routine HHS).

18. Other country gaps - **Young KP**

With the increased number of new HIV infections among KPs, especially young populations, index testing data in FY22 revealed high positivity yield with 37% among individuals aged 15-19 years and 65% among those aged 20-24. PEPFAR will provide community-based DSD in three high-burden provinces with a particular focus on decentralized PrEP services at Vientiane Capital Youth Center to reach at-risk and KP youth. PEPFAR will expand HIVST self-testing and diversify index testing, promote condoms and lubricants and PrEP to reduce infections, intensify online social media and off-line social network outreaches to recruit hard-to-reach youth and MSM and TG. PEPFAR will maximize case finding strategy among the at-risk youth through revision of PITC tools at PEPFAR supported health facilities. PEPFAR will train HCWs and CSOs to provide youth-friendly and KP-competent services with basic mental health skills and MH referrals. (Leverage CHAS, GFTAM and CSOs)

PEPFAR Nepal

Vision, Goal Statement, and Executive Summary.

Nepal has a total population of 29,164,578 with a proportion of female and male population 51% and 49% respectively. (Census 2021) Majority (54%) of the population live in Terai (the low land area) of the country where epidemiologic data shows a relatively large number of KP and PLHIV reside. Nationally there are an estimated 30,000 PLHIV, with an adult HIV prevalence of 0.12%.

Nepal's HIV response benefits from strong political will and commitment from the government of Nepal (GON) as well as from robust collaboration among stakeholders including PEPFAR, GFATM, multilateral UN Agencies, national and local governments, and CSO working on HIV programming. The National HIV Strategic Plan (NHSP) 2021-26 has set clear direction and goal for the national HIV response including defining KP for HIV (Female and Male sex workers and their clients, TG, MSM, PWID, migrant workers, and prison inmates), prioritizing interventions to mitigate the impact of the epidemic on affected and infected populations, and setting target to diagnose and enroll PLHIV into the national ART program.

To-date, the national HIV epidemic control effort has shown significant progress. As of December 2022, Nepal's progress towards the 95%-95%-95% UNAIDS targets is that 26,780 (89%) PLHIV know their HIV status, of those who know their HIV status 87% are enrolled in the national ART program and are taking ART, and of those enrolled in the ART program 71% have accessed HIV VL testing services and 97% of them have achieved persistent suppression of viral replications in their body. This data shows that Nepal is at the verge of achieving its 95%-95%-95% targets, and gaps in access to VL test service need HIV program's attention.

In ROP23, PEPFAR/Nepal will continue to support Nepal to accelerate its progress towards meeting 95-95-95 UNAIDS targets, and to end the HIV/AIDS pandemic as a public health threat by 2030. The support will also aim to sustainably strengthen critical public health systems to ensure that HIV epidemic control gains achieved so far are maintained. To this effect PEPFAR will work with all stakeholders to bring strategic alignment, programmatic synergy, and resource use efficiencies. PEPFAR support will continue focusing on direct service delivery (DSD) to at-high risk KP and PLHIV; and site and above site level TA to the national HIV program and HIV/AIDS service providing public health facilities. The above site TA will focus on supporting the National Center for HIV and STI Control (NCASC), NPHL and their provincial level structures as well as CSO, KP networks and PLHIV networks. HIV service providing health facilities will be supported to ensure quality health care service provision to HIV program service recipients through training and mentoring of care providers, providing HIV commodities such as VL reagents, test kit and essential medicines, ensuring functionality of their data systems, and

building data use capacities to inform programmatic and clinical decisions. The ROP23 PEPFAR Nepal funding for HIV program will be primarily implemented and monitored by USAID/Nepal through its implementing partners in collaboration with the GON and local CSOs.

In ROP23, PEPFAR/Nepal will continue collaborating and working with all critical stakeholders such as NCASC, NPHL, GFATM, AHF, WHO, and UNAIDS to strengthen the national HIV program's continuum of HIV prevention, diagnosis, treatment, and VLS interventions.

PEPFAR/Nepal interventions will continue to focus on geographic locations with high HIV and KP densities. Hence, ROP23 focus geographies will continue to be 37 districts in six provinces with high PLHIV and KP case load. Through this geographic focus PEPFAR will contribute to 86% of the national ART cohort. PEPFAR/Nepal support will strengthen Nepal's effort in reaching the sustained HIV epidemic control goals by setting ambitious targets to reach 94%-94%-94% targets at the end of ROP23 and to position the country to achieve its' 95-95-95 targets on or before end of 2025.

Hence, in line with the NHSP 2021-26 and the country ROP23 priorities identified through co-planning meeting and consultations, PEPFAR/Nepal ROP23 support will emphasize on closing gaps to 95-95-95 targets by ensuring equitable access to HIV services and building systems for sustained HIV epidemic control through:

- Strengthening person-centered HIV prevention services reach to high-risk young people and KP by leveraging virtual/social media and other platforms.
- Doubling down on S&D reduction, human rights interventions including GBV prevention and gender affirming interventions by building leadership and advocacy capacity of KP-led organizations and youth.
- Improving access to and providing high impact HIV combination prevention services including PrEP for key and priority populations in community settings. And, by advocating with and providing TA for NCASC to create policy environments for differentiated PrEP service and improve access to PrEP at national level through public and private health facilities.
- Continuing targeted and efficient HIV testing approaches with high new HIV case finding rate such as index case testing, social network testing and other peer driven case finding approaches among key and priority populations.

- Support treatment coverage through institutionalizing DSD approaches including MMD of ART; integrating AHD management, mental health, SRHR and TB; improving case management and treatment continuity by reducing IIT and tracing IIT cases and re-engaging them to ART services.
- Continuing the emphasis on improving access to VL testing services to all eligible clients through increasing U=U literacy, improving VL sample collection and transportation, optimizing diagnostic networks, and improving VL test result return and its use to inform clinical decision making.
- Providing TA on HIV commodity forecasting, quantification, and procurement.
- Continued capacity building of service providers to ensure provision of quality HIV services as well as to fill trained human resource gaps created due to attrition.
- Supporting local partners in building their capacities as well as strengthening the country's sustained HIV epidemic control efforts. CSO capacity and their involvement in service delivery will be enhanced. CSO will implement CLM interventions and continue to advocate and directly participate in HIV service quality improvement.
- Improving the national data ecosystem by strengthening the recently launched one national HIV information system and its integration with other data systems including HMIS and eLMIS. More importantly PEPFAR will support improving data triangulation, visualization, analysis, and data use.
- supporting the national HIV program, and collaborating with GFATM and UNAIDS, to generate up-to-date information on BBS and size estimation for KPs, which is currently lacking. Hence, in ROP23 PEPFAR will support BBS for FSWs and MSM/TG population groups.
- Supporting the national laboratory system. PEPFAR will support NPHL on national HIV laboratory strategic plan update, VL diagnostic network optimization and on building its capacities on HIV drug resistance surveillance.

Table 52: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Nepal*

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	30,331,258	0.12	30,000	26,780	23,372	87%	69%	19,801	1,639	2,571
Population <15 years	8,287,229	0.01	1,187	N/A	982	N/A	94.1%	383	56	*111*
Men 15-24 years	3,153,356	0.02	557	N/A	1,285	N/A	94.1%	3,717	54	*284*
Men 25+ years	6,820,036	0.22	15,362	N/A	8,985	N/A	97.1%	8,083	825	*1,293*
Women 15-24 years	3,176,436	0.02	613	N/A	935	N/A	96.2%	2,302	72	*134*
Women 25+ years	8,894,200	0.14	12,281	N/A	7,472	N/A	98.1%	5,316	476	*749*
MSM	60,333	**4.8** **2.9** **6.o**	3233	N/A	846	N/A	97.4%	5,273	371	373
FSW	49,018	2.2 0.3	613	N/A	548	N/A	96.9%	4,994	140	158

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 (#)
		0.7								
TG	21,500	8.5 4.9 11.5		N/A	432	N/A	94.9%	1,979	155	161
PWID	30,868	2.8	657	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Priority Pop (Clients of FSW)	800,618	0.3	3,618	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N.B. Data used for diagnosis, treatment and viral suppression based on PEPFAR data. National level viral load test coverage is 71%, VL suppression rate is calculated among those who accessed and tested for their VL test status.

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

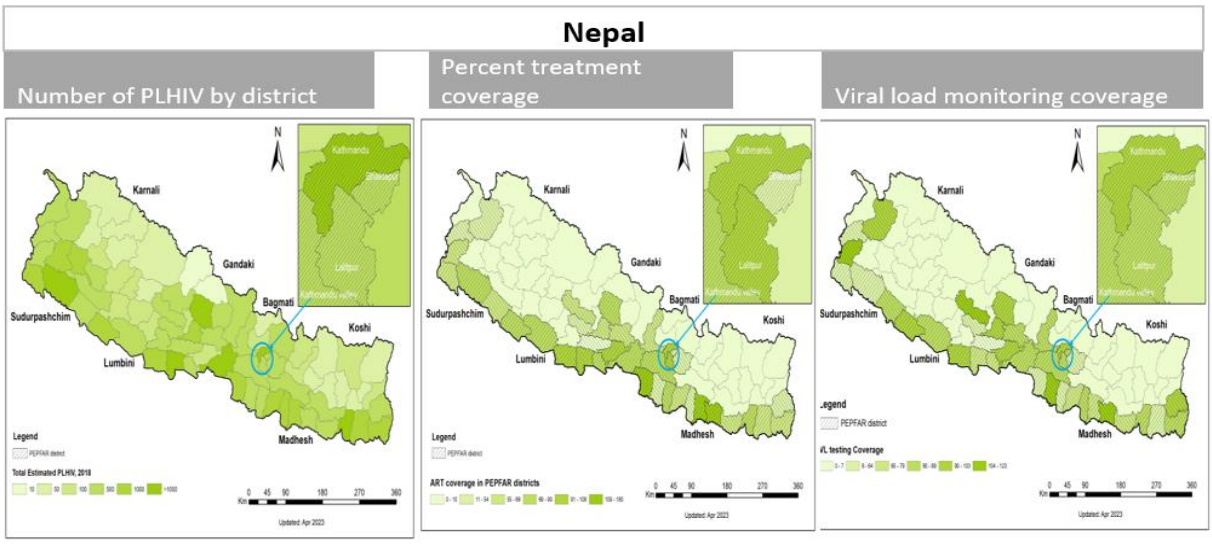


Figure 29: Map of People Living with HIV, treatment coverage and Viral load monitoring coverage, Nepal

Table 53: Current Status of ART Saturation, Nepal

Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Scale-up Aggressive	**22,797/ 86% of PLHIV on ART**	19,659	37	37 districts in 6 provinces

Pillar 1: Health Equity for Priority Populations

Nepal has a concentrated HIV epidemic, and the epidemic is primarily driven by KPs. Data shows that despite the overall commendable progress towards achieving UNAIDS 95-95-95 targets; more work remains to ensure equitable access and distribution of HIV services and health parity gains for KP. HIV service access equity gaps such as access for PrEP, MMD and VL testing coverage for KP remain to be addressed. Recent VL data from PEPFAR sites shows only 66% of TG people on ART are accessing VL services compared to 81% coverage for other PLHIV. PrEP services are limited only at PEPFAR supported KP friendly clinics in the community, and it is accessible neither at public health facilities nor at other doner funded project sites. Moreover, S&D towards KP, particularly towards FSW, MSM, and transgender people has remained disproportionately high. The PLHIV Stigma Index 2.0 published in 2022 shows that while the overall level of S&D reduced from 49.7% to 9.5%, the prevalence of self

and external S&D among KP (TG, MSM and FSW) and young adults has remained as high as 30% in some. In addition, we have also learnt through our CLM interventions and consultations with CSO that S&D and human right barriers including violence towards KP have been highlighted as major barriers for HIV service access. In addition, monitoring of HIV epidemic control progress among KP is challenged by outdated key population size estimates and BBS data.

To address these equity gaps, PEPFAR is providing TA to NCASC on guideline and SOP development and KP tailored direct HIV services through drop-in centers and KP friendly city clinics at community settings. Most services at KP friendly clinics and drop-in centers are led and delivered by KP and PLHIV-led organizations and KP/PLHIV peers and case managers. In addition, PEPFAR is providing TA to public health facilities through training and mentoring support to ensure public facilities provide KP friendly services. PEPFAR has pioneered the introduction of HIV self-test, PrEP, HIV recency testing, and provision differentiated drug distribution services at KP friendly clinics in PEPFAR supported districts. Moreover, S&D reduction interventions as well as interventions for gender-based violence survivors are integrated at all PEPFAR supported service delivery points.

In ROP23, PEPFAR will continue to support S&D reduction intervention by closely working with CSO and KP and PLHIV networks. To ensure wider reach of S&D intervention, Nepal will continue leveraging a mix of virtual and in-person platforms to address the needs of gender and sexual diversity populations and young people. These interventions will help to create awareness about S&D and human rights needs of KP and PLHIV. PEPFAR will also continue supporting person-centered and gender-affirming, KP and PLHIV sensitive, friendly, and competent services through its community level city clinics. S&D reduction and human right sensitization interventions will be provided to health care workers at ART sites and at HIV laboratories; this intervention will help to address S&D KP and PLHIV face from health care providers. S&D reduction sessions will continue to be integrated in all training provided to community and health facility level care providers. S&D reduction sensitization will be conducted with community leaders, local government bodies, and schools using the standard S&D Reduction Toolkits. CLM initiative will be leveraged to monitor S&D reduction progress and to identify solutions and address any issues pertaining to it. National networks of KP and PLHIV will be supported to lead provincial-level advocacy works to create awareness about S&D faced by their constituency. PEPFAR will also collaborate with GFATM and other stakeholders to support national action plan development to address the Stigma Index 2.0 findings.

PEPFAR Nepal will continue to implement high impact behavioral, biomedical, and structural HIV combination prevention interventions at scale. Priority HIV prevention interventions include HIV risk reduction behavioral interventions, PrEP, interventions for GBV survivors including post-exposure prophylaxis (PEP), and STI diagnosis and management. These interventions will be provided through a mix of in-person and virtual approaches. Virtual platforms such as MeroSathi and social media platforms will be used to generate service demand among hard-to-reach high-risk KP and youth and to share HIV prevention messages and service information. KP peer navigators and community health care workers will provide outreach and onsite packages of HIV combination services in the community and at city clinics and drop-in centers. To improve access to PrEP services, besides procuring PrEP commodities and providing PrEP to FSW, MSM and TG people at KP friendly city clinics, PEPFAR will strengthen ED-PrEP and tele-PrEP interventions to increase access to PrEP service through the DSD community approach. PrEP literacy and adherence support will be strengthened. PEPFAR will work with NCASC on policy advocacy and preparation for the introduction of injectable PrEP. PEPFAR will continue to advocate and work with the NCASC and the GFATM to secure additional resources and provisions to expand access to PrEP beyond PEPFAR support city clinics.

Cognizant of the new HIV case finding challenges to meet the remaining gaps to achieving the 1st 95 target, in ROP23 Nepal will rely on its prior year implementation experience of targeted HIV case finding strategies and approaches such as index case testing, sexual network testing, enhanced peer outreach and SNSs to use its limited resources efficiently and identifying newer PLHIV. HIVST intervention will be leveraged to reach harder-to-reach KP and bring them to HIV prevention, testing and treatment services. We will also continue implementation of HIV recency testing at scale to understand recent HIV infection transmission dynamics and respond. The HIV testing interventions will be implemented by ensuring 1) care providers training in IPV screening, 2) the 5 Cs (consent, confidentiality, counseling, correct test results, and connections to care, treatment and prevention services), 3) adverse event monitoring, and 4) ethics (respect for client rights, informed consent, and do no harm). In line with the status neutral testing approach, high risk HIV negative persons will be provided or linked to combination prevention services. In addition to diagnosing and linking new PLHIV, PEPFAR/Nepal will also work at a community setting to trace, locate and link known PLHIV who remained in the community without being linked to ART services. To this effort, PEPFAR Nepal will work collaboratively with GFATM implementing partners, PLHIV networks and KP networks for maximum impact and efficiency.

Immediate linkage and initiation on ART will be ensured by: 1) availing service directories at all testing sites, 2) leveraging virtual platforms to facilitate referral and linkage, 3) providing accompanied referrals to ART sites by peer navigators, 4) providing regular mentoring and supervision care providers to improve counseling skills, 5) tracing newly diagnosed PLHIV in the community and providing ongoing ART literacy, U=U and disclosure counseling until they are enrolled and started on ART.

In ROP23, given that PEPFAR/Nepal supports 86% of the national ART cohort through DSD and TA, ensuring existing ART cohort maintenance by improving service quality standards remains a priority for Nepal. Hence in ROP23 PEPFAR/Nepal plans to support 22,797 PLHIV on ART and achieve at least 95% VLS among them. To achieve these planned targets Nepal will: (1) continue implementing rapid ART initiation including SDART initiation; (2) scale-up person-centered DSD models including rapid scale-up of MMD at all ART sites and DDD at ART dispensing KP friendly clinics; (3) utilize peer educators, navigators, health care workers, and case managers to assist and track PLHIV through the clinical cascade; (4) set up appointment reminders to clients via SMS messages and phone calls; (5) track IIT cases through phone calls, home visits, and peer and social networks to re-engage them to ART service; (6) implement U=U literacy interventions at health facility and community settings; (7) increase ART and VL literacy interventions; (8) improve case management by strengthening AHD management and integration critical interventions such as mental health, SRHR, TB and hypertension screening at HIV service points.

To address challenges pertaining to access to VL testing gaps, PEPFAR/Nepal will: closely work with USAID/Washington, NCASC, NPHL, GFATM, KP and PLHIV networks to support optimization of VL diagnostic networks and sample transportation systems; procure and supply VL reagents to VL testing laboratories; provide preventive maintenance support to VL machines to avoid interruptions due to machine breakdown; provide onsite laboratory expert support to NPHL to support the national VL and HIV diagnostic services; provide training and mentoring to health care workers on VL demand generation, sample collection and test result use to inform clinical decisions; support VL sample collection at community and health facility setting; strengthen U=U literacy interventions; and support regular updating and reporting of VL data on tracker and HMIS.

Pillar 2: Sustaining the Response

Nepal's HIV program national strategies and plans are developed and coordinated through the leadership of the National Center for AIDS and STD Control (NCASC) under the Ministry of

Health and Population (MOHP). Through the leadership of NCASC and close technical and financial support from stakeholders including PEPFAR, GFATM, UNAIDS, AHF, CSO, and KP and PLHIV networks, Nepal has developed the National HIV Strategic Plan (NHSP) 2021-2026 and is in its third year of implementation. The NHSP has set a clear strategic direction, targets and priority intervention needed to achieve sustained HIV epidemic control in the country. In addition, a consolidated sustainability plan for HIV, TB, and Malaria program has been drafted by the ministry through financial support from the GFATM and TA from all stakeholders including PEPFAR. The draft sustainability plan is submitted to MOHP for their review and endorsement. However, the review and endorsement has not yet happened due to various reasons including urgent competing priorities such as COVID and government administration transition and frequent leadership changes. In FY23 Nepal has elected its new government, the new administration is in the process of assigning leaderships including the leadership at the NCASC. This is expected to further delay finalization and endorsement of the draft sustainability plan. When the sustainability plan is finalized and approved, costing, and operationalizing the plan will be the next step. In ROP23, PEPFAR will continue supporting these crucial exercises so that Nepal identifies its sustainability needs and starts operationalizing it to ensure sustainability of HIV epi-control gains.

However, inadequate health sector financing from the local government has remained a persisting challenge. In prior years, GON allocation of funding for the national HIV response has remained plateaued despite continuously increasing PLHIV enrolled into the national ART program and a higher budget needs to maintain existing ART cohort and challenges to diagnose hard-to-reach PLHIV to ensure sustained progress towards sustained epidemic control. [REDACTED] In addition, recent UNAIDS's (GAM report exercise elucidates that from FY2020 to FY2022 proportions of HIV program expenditure supported through external donor funding has increased from 73% to 81%, while the contribution from GON has reduced from 27% to 19%. The data also shows that of the total FY2022 HIV program expenditures 43% and 32% of the HIV program expenditures were from PEPFAR and GFATM respectively. Most of GON expenditure (65%) is on HIV commodity (ARVs and HIV rapid test kits) procurement. While PEPFAR's support focuses on comprehensive TA at national, provincial, and public health facilities, DSD KP programming in the community settings, and procurement of critical HIV commodities such as VL reagents, HIV self-test kits, recency testing assays, PrEP medicines and reagents and medicines needed for STI diagnosis and management. GFATM support focuses on providing comprehensive HIV prevention service for PWID and immigrant

populations, and procurement of HIV rapid test kit, ARV (gap filling) and medicines required for opioid replacement therapy for PWID.

To ensure Nepal maintains the epi-control gains and progress towards ending HIV as a public health threat by 2030, PEPFAR will continue providing TA to GON/NCASC and support public health systems on building their functional capacity to deliver quality assured HIV services through their systems as discussed under pillar 3. PEPFAR will continue collaborating with other key stakeholders to enable the country to rationalize, allocate and efficiently use available resources, to assess opportunities and integrate HIV programs into the primary health care system, and build local capacity on impactful programming, domestic resource mobilization and allocative efficiencies.

Pillar 3: Public Health Systems and Security

Nepal's HIV response is led by the National Center for AIDS and STD Control (NCASC) under the Ministry of Health and Population. The NPHL supports NCASC with HIV diagnostic related interventions including VL testing and HIV laboratory quality assurance processes. In addition, per the national federal structure, provincial level health offices and public health laboratories who are accountable for the provincial governments, closely work with the NCASC and NPHL to accelerate and sustainably control the epidemic. All stakeholders working on HIV programming work is optimized through the three one principles (one agreed HIV/AIDS Action Framework, one National AIDS Coordinating Authority, one agreed country-level M&E System) and PEPFAR closely supports Nepal on these three one principles. PEPFAR Nepal ROP23 priorities for system level investment are identified through review of existing systems in collaboration with NCASC, NPHL, bilateral and multilateral stakeholders and CSO. PEPFAR supports NCASC on guideline and SOP development and implementation to ensure quality services are provided across all service delivery points. To ensure continuous quality improvement processes are implemented PEPFAR conducts SIMS to all its sites. PEPFAR also participates in the NCASC led periodic QA monitoring site visits to national HIV service providing sites. In addition, PEPFAR routinely implements and supports NCASC on routine CQI to address issues of treatment continuity and VL service uptakes. PEPFAR together with GFATM is supporting CLM and leveraging CLM findings to ensure communities voice in CQI. All these CQI interventions will continue to be implemented through ROP23.

To address the multifaceted health needs of PLHIV and KP, in ROP23 PEPFAR Nepal will strengthen integration of AHD management services, TB screening and management, mental health service, SRHR and hypertension screening and management services. To ensure mental

health service access by KP including youth and PLHIV, routine mental health screening will be conducted by health care providers during regular clinic visits; appropriate intervention will be provided by health care workers; and psychiatrists hired to provide close support to patients in need of expert support will provide mental health care services through in-person and telemedicine approaches. Routine TB screen will be conducted for all PLHIV using both symptom screening and GeneXpert/X-ray. TB positive cases will be linked to TB DOTS while TB negative PLHIV are offered INH based TPT. To address challenges of INH availability PEPFAR will collaborate with GFATM, NCASC and national TB programs.

Through ROP23 above site investment PEPFAR will focus on supporting NCASC and NPHL on supply planning, forecasting, quantification, and distribution of HIV commodities as well as on analysis and use of eLMIS data. The support will help to address challenges of frequent stock outs of HIV commodities including laboratory reagents, ARVs and other OI drugs; and it will mitigate service interruptions due to poor HIV commodity security.

In ROP22, to address challenges of VL testing coverage PEPFAR/Nepal has started VL testing surge intervention to address barriers and improve test coverage through creating demand, supporting sample transportation, ensuring VL reagent availability, maintaining VL testing machines and facilitating test result reporting and documentation. In ROP23 PEPFAR Nepal plans to work with NPHL to address this systemic challenge by implementing Diagnostic Network Optimization (DNO) and institutionalizing it.

To address challenges of frequent health care worker attrition, PEPFAR Nepal will provide support to NCASC and health facilities to strengthen their continuous in-service training processes. PEPFAR will continue supporting training material and SOP development, and with gap filling training and mentoring support for health care workers. To address laboratory system HRH challenge, PEPFAR will continue supporting NPHL with personnel to support it with laboratory system capacity development, VL machine preventive maintenance, and with additional workforce to alleviate workload at NPHL VL testing site which covers more than 70% the national testing load.

Pillar 4: Transformative Partnerships

Nepal has a well-established culture of strong collaboration and coordination among stakeholders in endeavoring for national HIV epidemic control goals. PEPFAR stakeholders include NASC, NPHL, provincial level health offices and structures, GFATM, WHO, AHF, UNAIDS, local CSO, PLHIV networks, KP networks and most importantly health care providers,

community health workers and peer navigators. USAID/Nepal also represent bilateral donors at the coordination mechanism and play a significant role in ensuring resource alignment and synergy among PEPFAR, GFATM and GON investments. As a result of the strong collaboration among all stakeholders Nepal were able to rationalize areas of investment by target population, geography and sites as well as align investments for priority intervention and HIV commodities procurements. As a result, the ROP23 plan was developed through extensive consultations and input from all stakeholders.

PEPFAR/Nepal has experience of successfully collaborating with GFATM on financing CLM initiative and rollout of One National HIV Information System (ONHIS). PEPFAR is currently working with all national stakeholders to ensure that NCASC, new GFATM proposal and ROP23 plans are developed in a complementary and aligned manner. In ROP23, PEPFAR/Nepal will continue capitalizing on the strong collaboration with national and regional stakeholders to regularly review and monitor plans and implementation progress, and joint investment with GFATM on CLM initiative. In addition, PEPFAR Nepal will collaborate with NCASC, UNAIDS and KP networks to design and implement BBS for FSW and MSM/TG people. Nepal will also continue to explore opportunities for collaboration with private sectors.

Pillar 5: Follow the Science

Nepal's HIV program has proven itself agile in innovating implementation strategies and quickly adopting proven impactful interventions. To mention some of such practices, over the last few years the national program has scaled-up index case testing and completed TLD transition despite COVID related challenges. Currently, through PEPFAR support, HIV recency testing, HIVST, PrEP, and DDD models to KPs are being implemented in the country. Nepal is leveraging virtual platforms to make HIV services accessible to more people. In ROP23, PEPFAR/Nepal will build on its successes of introducing and scaling-up of high impact interventions in collaboration with the government counterparts. PEPFAR will support scale-up of person-centered prevention and care services including DDD, PrEP, HIVST, HIV recency testing, and mental health service integration. PEPFAR will support the national program for rapid MMD rollout. HIV recency testing will be offered to all newly diagnosed HIV positive cases and their results will be reported through ONHIS to track HIV transmission dynamics. The ONHIS is currently being used by the national HIV program to collect individual level data along the continuum of HIV services, including PrEP and recency testing, and it will help to strengthen GON informed decision making.

Another priority for ROP23 is use of virtual platforms and providing telemedicine services. During COVID lockdown Nepal was able to mitigate its impact by quickly adopting and using virtual platforms for HIV service provision. Our recent experience of providing HIV services through virtual platform (MeroSathi) shows that in the first quarter of FY 2023 a total of 1,731 KPs were reached and provided with HIV information, HIV and STI risk reduction, GBV and S&D reduction intervention; of those 1,731 persons 77% of them were linked to In-person HIV service. Building on the current experience, in ROP23: 1) virtual outreach approaches will be maximized. 2) Telemedicine to provide mental health and HIV prevention (PrEP) and care services will be strengthened at all DSD sites. 3) Advocacy will be done at a national level to scale-up these innovative approaches and platforms beyond PEPFAR sites.

PEPFAR through its ROP23 resources will continue supporting Nepal's capacities on data analytic, operational research, and survey. To this effect, to address data gaps on KP disease burden, risk behavior and KP size estimates, in ROP23 PEPFAR will support the national HIV program to conduct BBS for FSWs, MSM, and TG people using the most current methods. These BBS will provide updated data on those KP and inform the national program on KP-specific HIV response and add trend data from previous surveys. This BBS will also enable Nepal to estimate prevalence of HIV and STI, and to determine status HIV risk behaviors and prevention service coverage among these population groups.

Strategic Enablers

Community Leadership

PEPFAR/Nepal closely works with PLHIV and KP networks and associations and other CSO working on the national HIV response on priority setting, providing direct service delivery through community level KP friendly clinics and drop-in centers, and on service monitoring and quality improvement through CLM initiatives. ROP23 strategy is developed following a series of consultations with all these critical stakeholders. The ROP2023 preparation started in December 2022 by meeting with these stakeholders. During several meetings throughout the planning period, we have shared and discussed PEPFAR five-year strategy, FY2022 performances, and findings from CLM intervention with NCASC, CSO, PEPFAR implementing partners, GFATM, AHF and multilaterals. Consultative workshops were held with CSO and KP networks to solicit their feedback and priorities. NCASC and NPHL were consulted for their priorities and areas they need PEPFAR to support them. PEPFAR also shared ROP2023 processes, budgets, and engagement plans with the GFATM country. Later in March 2022 joint national level

consultation was held both in the country and in Bangkok, Thailand, with key stakeholders to align priorities and resources. ROP23 strategies, priorities and targets are the outcomes of these consultative processes. These strong partnerships and collaboration with CSO, PLHIV and KP networks will continue through ROP23 implementation periods. To ensure community participation in HIV services quality improvement and accountabilities, CLM will continue to be implemented through CSO and KP led organizations; and CSO will be supported to develop their capacity on CLM data analysis and use. In addition, CSO will also continue with their leading role in community level direct HIV service provision through in-person and virtual approaches leveraging 'MeroSathi' and other social media platforms.

Innovation

In ROP23 PEPFAR/Nepal will support use of virtual platforms and providing telemedicine services to increase reach of HIV services to hard-to-reach young people and KP. Our current implementation experience of providing HIV services through virtual platform shows that more hard-to-reach key and priority population were able access HIV information, contact HIV service providers and health facilities, and receive HIV prevention and care services. Findings from CLM data show that KP are emphasizing the importance of scaling-up such innovative approaches to address misinformation and S&D related with HIV services. Hence, Nepal will scale-up use of such platforms to reach and provide HIV services to young people and KP. In addition, Nepal will implement telemedicine service to create access to mental health and HIV prevention (PrEP) to more KP and young people. Telemedicine approach will facilitate access and efficient use of limited specialized physicians and mental health service providers available in the country. Moreover, PEPFAR will continue sharing lessons learnt from such innovative interventions with other stakeholders to facilitate adoption and institutionalization of such innovative interventions.

Leading with Data

In ROP23 PEPFAR will continue supporting smooth and complete transition to biometric system integrated ONHIS and its integration with eLMIS and HMIS. More importantly, PEPFAR will provide TA on use of data generated through ONHIS and CLM to improve service quality, accountability and informed policy decision making. To this effect, the national HIV program will be supported to develop its capacity on data analysis, triangulation, and visualization; and use of such data to inform national level deliberation on HIV program monitoring and strategic decision-making processes. PEPFAR will also support CSOs on quality CLM data generation, analysis, interpretation, and strategic use of such data for advocacy purposes. To address

issues of outdated HIV burden data for key population, PEPFAR will closely work with and build the capacity of national program on up-to-date methods of BBS and conduct of BBS for FSW, MSM and TG people. This BBS finding will help to update the HIV burden among these population groups as well as improve the national HIV estimated through spectrum by providing updated HIV burden and risk behavior trends among to KPs.

Target Tables

Table 54: ART Targets by Prioritization for Epidemic Control, Nepal

ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) *TX_CURR***	**Newly Initiated Target (FY24) *TX_NEW***	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Scale-Up Aggressive	**N/A**	**N/A**	**21,193**	**22,797**	**1,922**	**94%**	**N/A**
Total	**30,000**	**488**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Table 55: Target Populations for Prevention Interventions to Facilitate Epidemic Control, Nepal

Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target**	**FY25 Target**
FSW	49,018	2.2 0.3 0.7	5,542	
MSM	60,333	4.8 2.9 6.0	6,294	
Transgender population	21,460	8.5 4.9 11.5	2,370	
PP (clients of FSW)	800,618	0.3	9,470	

Nepal key population size estimate and biobehavioral survey data from 2016 to 2018 were used because there is no updated data since then. Therefore, the population size estimate of 2016 is used. HIV prevalence among Female sex workers*: 0.2** (*IBBS, Kathmandu valley, 2017)*, **0.3** (*IBBS, Pokhara valley, 2016)* **0.7** (*IBBS, Terai highway districts, 2018). MSM HIV prevalence:* **4.8** (*IBBS, Kathmandu valley, 2017),* **2.9** (*IBBS, Pokhara valley, 2017),* **6.0** (*IBBS, Terai Highway districts, 2018), and* **6.0** (*IBBS, Terai Highway districts, 2018). HIV prevalence among Transgender people:* **8.5** (*IBBS, Kathmandu valley, 2017*)**, 4.9** (*IBBS, Pokhara valley, 2017),* **11.5** (*IBBS, Terai Highway districts, 2018). HIV prevalence among clients of FSW (Truckers; **0.3** (IBBS, 22 Terai Highway districts of Nepal, 2016).*

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.
    - ❖ Nepal has optimized and scaled-up index testing nationally. All testing sites ensure WHO 5 Cs while implementing HIV testing services. Assessment and appropriate follow-up for intimate partner violence is conducted routinely. Both assisted and unassisted HIVST rolled out in PEPFAR supported geographies. HIV self-testing national SOP finalized and endorsed by NCASC on April 10, 2023.

2. **Fully implement "test-and-start" policies.**
    - ❖ Test and start is being implemented nationally. PEPFAR offers accompanied referral service to facilitate immediate treatment initiation.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**
    - ❖ PEPFAR supported NCASC to develop PrEP SOP in FY22. Comprehensive HIV prevention service including PrEP and PEP are provided through KP friendly drop-in centers and city clinics in PEPFAR supported districts.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.
    - ❖ This is not applicable to PEPFAR Nepal.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
    - ❖ Nepal provides HIV services free of charge. All HIV medicines and laboratory reagents are procured by GON, PEPFAR, and GFATM to ensure their accessibility at all service delivery points.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity.**
    - ❖ Nepal constitution recognizes rights to health for all population. It also recognizes gender minority KP groups and human rights in the constitution and policy documents. Stigma 2.0 report shows self and external S&D towards KP and

youth remains a challenge. In ROP23 PEPFAR will continue providing KP friendly services to mitigate the challenge; monitor S&D related challenges through CLM; and address identified barriers and challenges through KP focused intervention and by collaboratively working with CSO and other relevant stakeholders.

7. **Optimize and standardize ART regimens.**
    - ❖ TLD transition and NVP phase-out completed in FY21.

8. **Offer DSD models.**
    - ❖ Differentiated service delivery models including MMD for 3-6 months is part of the National HIV Testing and Treatment Guidelines 2020. However, implementation of MMD is lagging due to implementation barriers. MOHP is expected to address implementation barriers in the coming months. In the remainder of ROP22 and in ROP23 PEPFAR will provide intensive support for MMD implementation. In addition, PEPFAR will continue providing DDD through its 26-community level KP friendly city clinics.

9. **Integrate TB care**
    - ❖ Routine TB symptom screening and TB screening with GeneXpert/X-ray is done for all newly diagnosed PLHIV. TB cases are linked to TB DOTS. TB negative PLHIV are offered INH based TPT. However, access to TPT service is not consistent due to frequent IHN stockout both at national and site level.
    - ❖

10. **Diagnose and treat people with AHD.**
    - ❖ Regular evaluation for AHD is provided to PLHIV accessing HIV service at all PEPFAR supported sites. In ROP22 PEPFAR Nepal has started working on a 180-day service package for new and returning clients. Enhanced adherence counseling is provided to virally unsuppressed clients. PEPFAR is also procuring selected HIV commodities such as Amphotericin B to address AHD treatment needs.

11. **Optimize diagnostic networks for VL / EID, TB, and other coinfections**.
    - ❖ Nepal is working to optimize VL/EID diagnostic networks. In ROP22, PEPFAR Nepal is implementing a VL testing surge plan to optimize the VL testing

coverage. In ROP23, Nepal has identified diagnostic network optimization as a priority. PEPFAR will support implementation and institutionalization of it.

12. **Integrate effective QA and CQI practices into site and program management.**
    - ❖ Continuous quality improvement is being implemented in PEPFAR supported sites. GON also conducts periodic QA monitoring site visits to HIV service providing sites. The PEPFAR program is currently implementing CQI to address issues of treatment continuity and VL service uptakes; and leveraging SIMS and CLM to ensure CQI. In ROP23, these CQI will continue to be implemented across all PEPFAR supported HIV service points.

13. **Offer treatment and VL literacy.**
    - ❖ National treatment literacy manual is revised with emphasis on U=U, TLD regimen and VL testing and suppression messages. Treatment and viral-load literacy is being and will continue to be implemented at all PEPFAR districts.

14. **Enhance local capacity for a sustainable HIV response**
    - ❖ PEPFAR Nepal together with GFATM is supporting NCASC to develop sustainability plan. In addition, PEPFAR is conducting local partner capacity assessment and providing tailored capacity building support to local CSO to ensure their readiness to subsume prime partner roles, to generate local resources and compete for funding opportunities.

15. **Increase partner government leadership**
    - ❖ The national HIV response is led and coordinated by the national HIV strategic plan developed by NCASC. GON has assumed 100% of the funding for ARVs (including TLD) and most HIV test kits. Public health facilities and their human resources are providing ART services to PLHIV.

16. **Monitor morbidity and mortality outcomes**
    - ❖ Morbidity and mortality are being reported through a regular reporting system as an aggregate data. PEPFAR is supporting causes of mortality tracking through conducting verbal autopsies.

17. **Adopt and institutionalize best practices for public health case surveillance**

- PEPFAR continues supporting Nepal to roll-out one national HIV information system which is integrated with a biometric system to uniquely identify and track clients across continuum of HIV services. The system captures HIV recency, testing-based surveillance data.

USG Operations and Staffing Plan to Achieve Stated Goals

USAID Nepal is the only USG agency implementing the PEPFAR program. There will be no change in staffing footprint. There is no long-term vacant position.

APPENDIX A – PRIORITIZATION

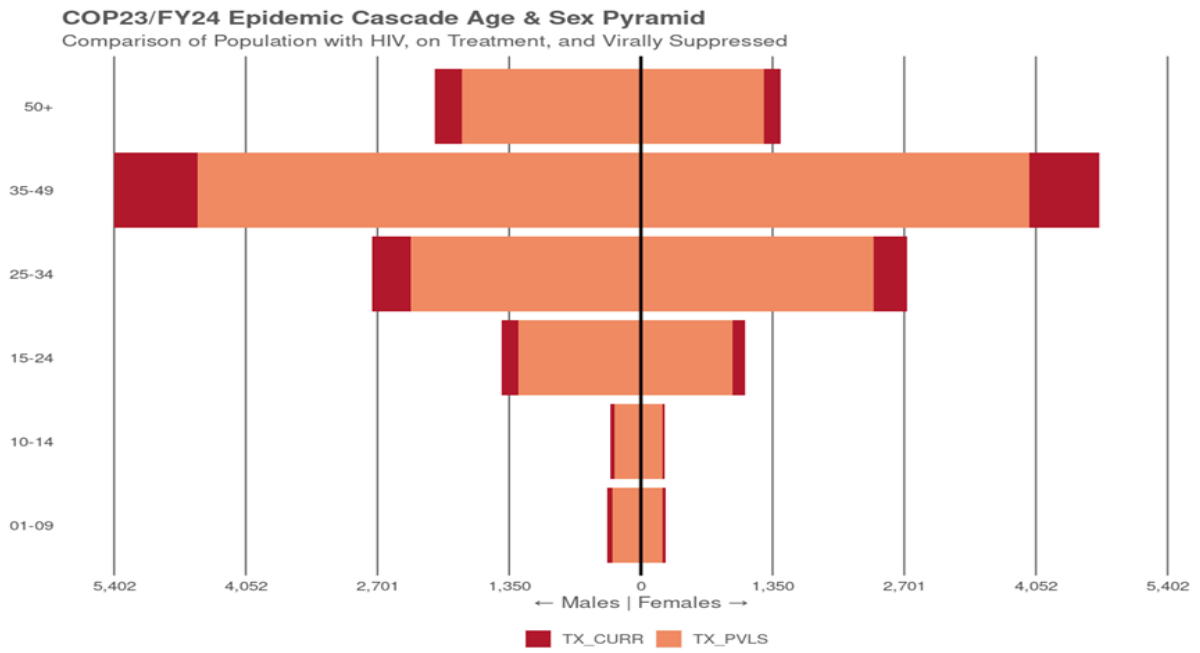


Figure 30: Epidemic Cascade Age/Sex Pyramid, Nepal

APPENDIX B – Budget Profile and Resource Projections

Table 56: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Nepal

Table B.1.1: COP22, COP23/FY 24 Budget by Intervention

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$9,925,000**	**$10,225,000**
Asia Region	**Total**		**$9,925,000**	**$10,225,000**
	Nepal	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$208,200
		ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$208,200	
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$229,645	$350,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$135,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$208,541
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations		$50,000
		ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations		$50,000
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$300,000
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$2,287,812	$2,287,812
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$2,174,830	$2,174,830
		HTS>Community-based testing>Service Delivery>Key Populations	$347,752	$347,752
		HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$173,876	$170,876
		HTS>Facility-based testing>Service Delivery>Key Populations	$176,237	$176,237
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$176,237	$176,237
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$2,126,780	$1,914,025
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$839,381	$857,982
		PREV>Not Disaggregated>Service Delivery>Key Populations	$347,752	$272,151
		PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$173,876	$163,876
		PREV>PrEP>Service Delivery>Key Populations	$381,481	$381,481
			$281,141	

Table 57: ROP22, ROP23/FY 24 Budget by Program Area, Nepal

ROP22, ROP23/FY 24 Budget by Program Area

Operating Unit	Country	Program	Budget 2023	Budget 2024
Total			**$9,925,000**	**$10,225,000**
Asia Region	**Total**		**$9,925,000**	**$10,225,000**
	Nepal	C&T	$4,462,642	$4,462,642
		HTS	$874,102	$871,102
		PREV	$903,109	$817,508
		ASP	$718,986	$1,301,741
		PM	$2,966,161	$2,772,007

Table 58: ROP22 and ROP23/FY 24 Budget by Beneficiary, Nepal

ROP22 and ROP23/FY 24 Budget by Beneficiary

Operating Unit	Country	Targeted Beneficiary	Budget 2023	2024
Total			**$9,925,000**	**$10,225,000**
Asia Region	**Total**		**$9,925,000**	**$10,225,000**
	Nepal	Key Populations	$3,633,634	$3,900,433
		Non-Targeted Populations	$6,291,366	$6,324,567

Table 59: ROP22, ROP23/FY 24 Budget by Initiative, Nepal

ROP22, ROP23/FY 24 Budget by Initiative

Operating Unit	Country	Initiative Name	Budget 2023	2024
Total			**$9,925,000**	**$10,225,000**
Asia Region	**Total**		**$9,925,000**	**$10,225,000**
	Nepal	Community-Led Monitoring	$100,000	$150,000
		Core Program	$9,825,000	$9,775,000
		KP Survey	N/A	$300,000

B.2 Resource Projections

Program priorities were identified through consultative process with the national level stakeholders and program implementation evidence. Based on identified priorities and agreed upon responsibility matrix, rationalization and resource alignment were done with the national government and GFATM team to avoid duplications. Prior year expenditure, current experience of cost of doing business, ROP23 funding envelope and earmarks, and funds required for

emerging program needs to address equity gaps were used to prioritize and allocate ROP23 budgets.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

Nepal identified its above site system level investments and SRE support needs by triangulating: 1) data from sustainability index dashboard 4.0 to identify and prioritize emerging sustainability needs and progresses made in addressing those needs over the last one year; 2) from consultations with NCASC and NPHL leadership; 3) from field observation pertaining to HIV program implementation bottlenecks; 4) by taking inventory of available survey and research reports; and 5) from inputs and recommendations received from stakeholders during ROP23 planning meetings. In addition, progress seen on prior year system level investments, Monitoring, Evaluation, and Reporting (MER) and SIMS data were used to inform prioritization of system level investments for sustainable impact. Through this, PEPFAR together with its stakeholders has identified coordination and governance, adoption and timely implementation of guidelines and standards, VL testing and HIV laboratory service quality and efficiency, HIV commodity security, local capacity for domestic resource mobilization, allocative efficiency and direct service provision, and data systems and use as priorities for ROP23 support. PEPFAR Nepal also conducted an inventory of BBS and KP size estimate data, including ongoing and planned studies by other stakeholders, to identify opportunities to leverage PEPFAR resources and address critical data gaps. Accordingly, BBS for FSW and MSM/TG people were found to be ROP23 SRE investment priorities; details of SRE interventions are discussed under pillar 5. All these system level investments will be implemented in collaboration with NCASC, NPHL and their provincial level counterparts, and other critical stakeholders including GFATM and CSO. Details of PASIT and SRE interventions are addressed above under various pillars and enablers. In addition, details pertaining to timelines, expected outputs and outcomes are indicated in the ROP23 PASIT and SRE tools. Below are brief summaries rationale and planned interventions:

1- Nepal HIV program is coordinated by NCASC in collaboration with its provincial level counterpart structures. Frequent change of leadership and staff attrition has negatively impacted the coordination and technical capacities of these bodies. In ROP23 PEPFAR Nepal will continue providing TA to the national HIV program on stakeholder coordination, policy and guideline adaptation, strategic planning, and HIV program progress. This support is critical to build GON institutions' capacity to ensure strategic alignment among stakeholders, HIV program coordination and leadership to ensure sustainable progress towards HIV epidemic control.

2- Strengthening data system: Following PEPFAR's persistent advocacy and support to the NCASC, Nepal has finally decided to roll out ONHIS integrated with biometric systems. This system enables streamlining of the national HIV program data system, and it provides capacity to uniquely identify and track HIV service recipients as they progress through the continuum of HIV prevention, care, and treatment. In ROP22, ONHIS is being rolled-out to HIV service delivery points both at public facilities and community settings. However, it needs close follow-up and system maintenance to ensure complete transition to ONHIS and its integration with HMIS and eLMIS as well as on use of data generated through it. Hence, in ROP23 PEPFAR Nepal will continue focusing on ensuring proper functioning of and complete transition to ONHIS, providing gap filling training to data personnel and building capacities on data visualization, triangulation, integration, and use. The National ART program DQA will be conducted to ensure the data collected with the system continues to meet quality standards.

3- Institutionalizing person-centered HIV service delivery: Nepal has adopted person-centered differentiated HIV service delivery, but the implementation is lagging due to systemic barriers at national program level. As of quarter one of FY2023, only 6% of ART cohorts in the country are accessing MMD services. NCASC was hesitant to provide guidance for full-scale national rollout for fear of ARV stock breach. To address MMD implementation delay and to institutionalize person-centered service delivery approaches, PEPFAR has advocated with NCASC and MOHP, and procured TLD to replenish the national ARV buffer stock and to kick start MMD rollout. During the ROP23 co-planning meeting and consultation, the MOHP has agreed to address the barrier and provide guidance on full-scale implementation of MMD. Hence, in ROP23 PEPFAR Nepal will plan to support smooth and rapid implementation of MMD at all PEPFAR supported sites.

4- Laboratory systems and capacity: HIV VLC remains the weakest link to the monitoring of national 95-95-95 targets. Currently VL test coverage is at 71% and test result turnaround time is sub-optimal. In ROP22, PEPFAR/Nepal has started VL test surge intervention to address barriers and improve test coverage through creating demand, supporting sample transportation, ensuring VL reagent availability, maintaining VL testing machines and facilitating test result reporting and documentation. In ROP23 PEPFAR Nepal will continue supporting the NPHL to continue improving national HIV laboratory systems through 1) DNO, 2) implementation of laboratory quality standards, and 3)

developing institutional capacity on HIV Drug resistance monitoring. PEPFAR will also continue providing training and HR support to ensure VL testing laboratories have adequately trained human power to run VL testing and timely produce test results. PEPFAR will collaborate with GFATM to ensure functionality of VL machines, uninterrupted VL reagents availability, and smooth sample transport processes.

5- Local capacity for sustained HIV epidemic control: PEPFAR/Nepal continues prioritizing and building local capacity for sustained HIV epidemic control response. Limited local capacity to advocate for, mobilize, and efficiently utilize domestic financial resources is a persistent challenge. Local CSO have limited organizational capacity to compete and secure donor funding. Building local capacity on these competencies is crucial during times of uncertainty where donor resources continue to dwindle and post COVID financial crunch continues to wreak havoc. In ROP22 PEPFAR/Nepal has started providing TA to build capacity of CSO to facilitate increased domestic resource allocation by GON and create opportunities for CSO to access GON funding. Tools needed for local CSO to use for their advocacy are developed, however, due to elections and government transition in the country, thus far, the advocacy work has not progressed much. In ROP23, PEPFAR will continue to support adoption and use of domestic resource mobilization advocacy tools, access to local resource through social contracting system, and preparing them for PEPFAR prime partner opportunity as well as on supporting GON to finalize and start implementing a national HIV program sustainability plan which will enable GON to quantify resource needs to sustainably finance the national program and increase its resources allocation and expenditure.

6- CLM and building CSO capacity: The national HIV program has continued to benefit from the active role of the CSO, mainly PLHIV and KP associations and Networks. Since late FY2022, PEPFAR Nepal in collaboration with GFATM has started implementing CLM initiative through local organizations to strengthen and bring voices of community in the HIV program quality improvement efforts as well as in collaboratively identifying barriers and their solution, Thus, in ROP23 PEPFAR will continue to provide TA to CSO to improve their skills on CLM implementation, to consolidate the CLM interventions at 14 selected districts throughout the country and to contribute to collaborative HIV service quality improvement efforts.

7- HIV commodity security: Gaps due to insufficient supply planning, forecasting, quantification, and monitoring of distribution has impacted national programs resulting in site level stockouts and service interruption. ROP23 support will focus on supporting NCASC and NPHL on supply planning, forecasting, quantification, and distribution of HIV commodities, and on analysis and use of eLMIS data. The support will address challenges of frequent stock outs of HIV commodities including laboratory reagents, ARVs and other OI drugs; and it will mitigate service interruptions due to poor HIV commodity security.

APPENDIX D – Optional Visuals

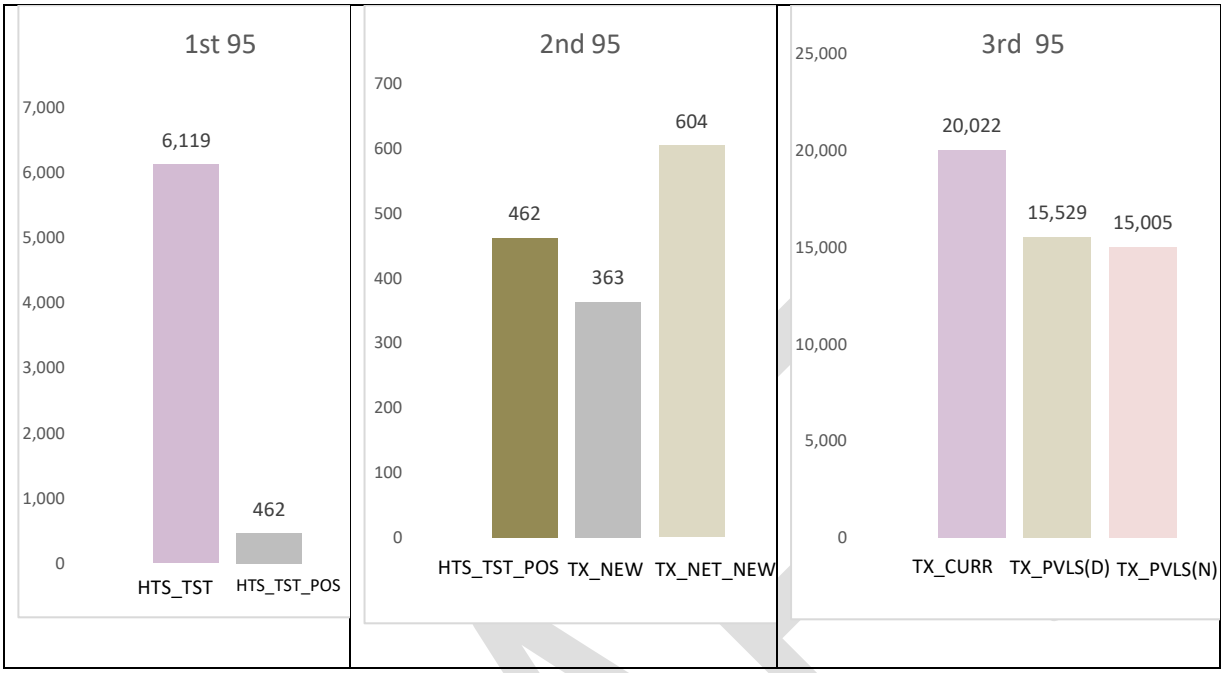


Figure 31: Overview of 95/95/95 Cascade, FY23, Nepal

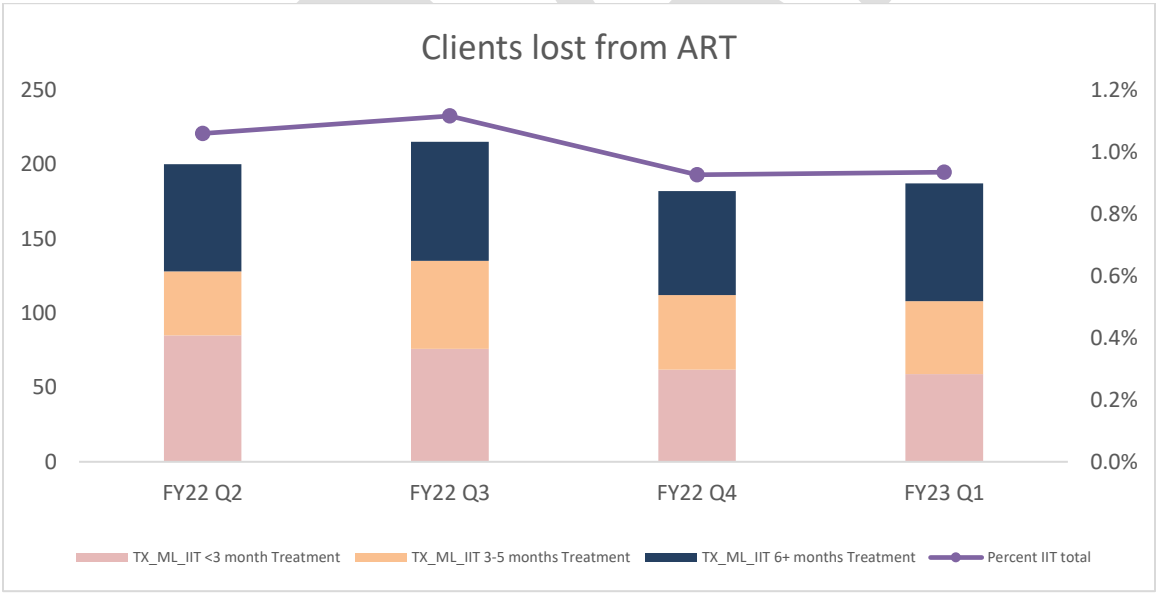


Figure 32: Trends in Interruption in Treatment (IIT) by Age/Sex FY22 Q2 to FY23 Q1, Nepal

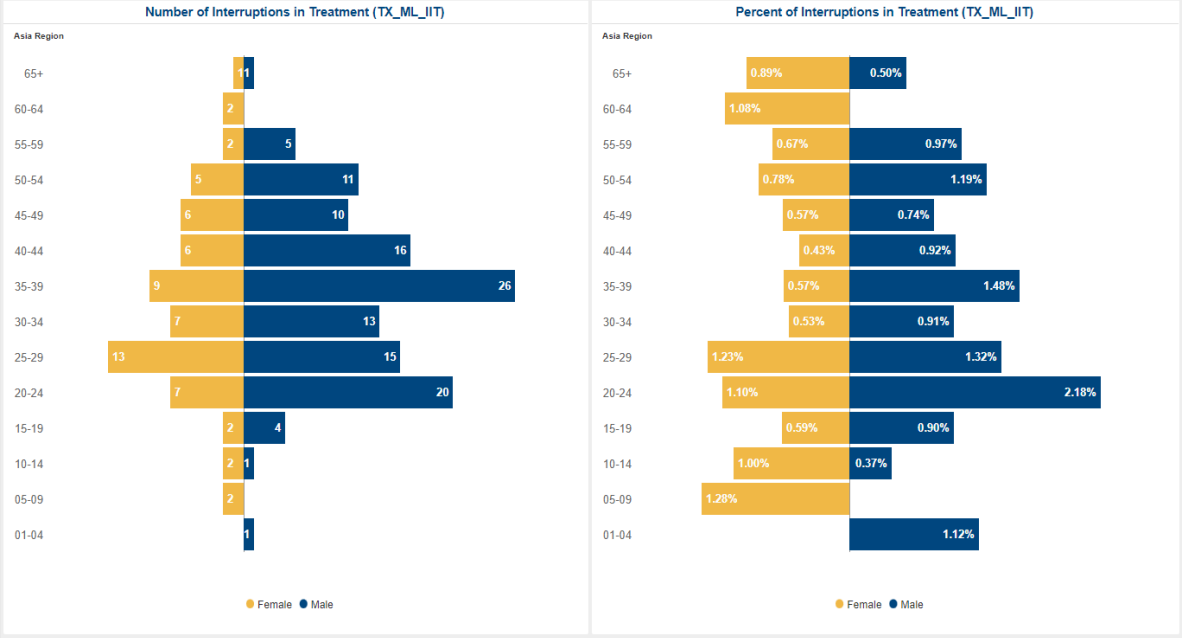


Figure 33: Number and percent of interruptions in treatment (TX_ML_IIT) distribution by Age/Sex FY23 Q1, Nepal

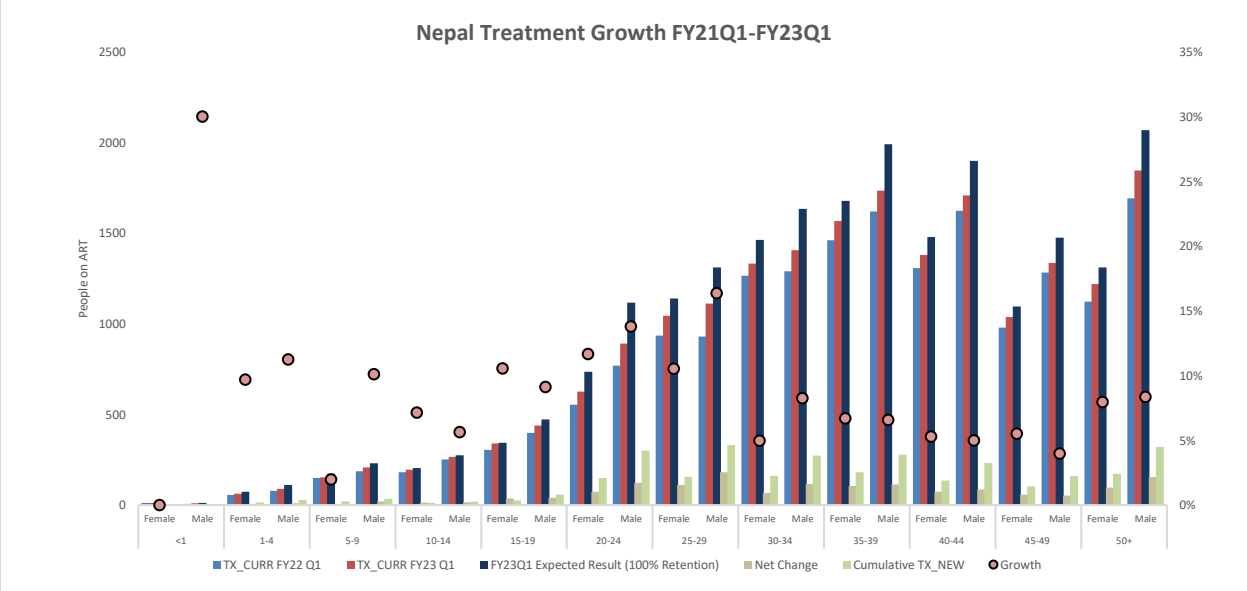


Figure 34: Net change in HIV treatment by sex and age bands FY2021 Q4 to FY2022 Q4, Nepal

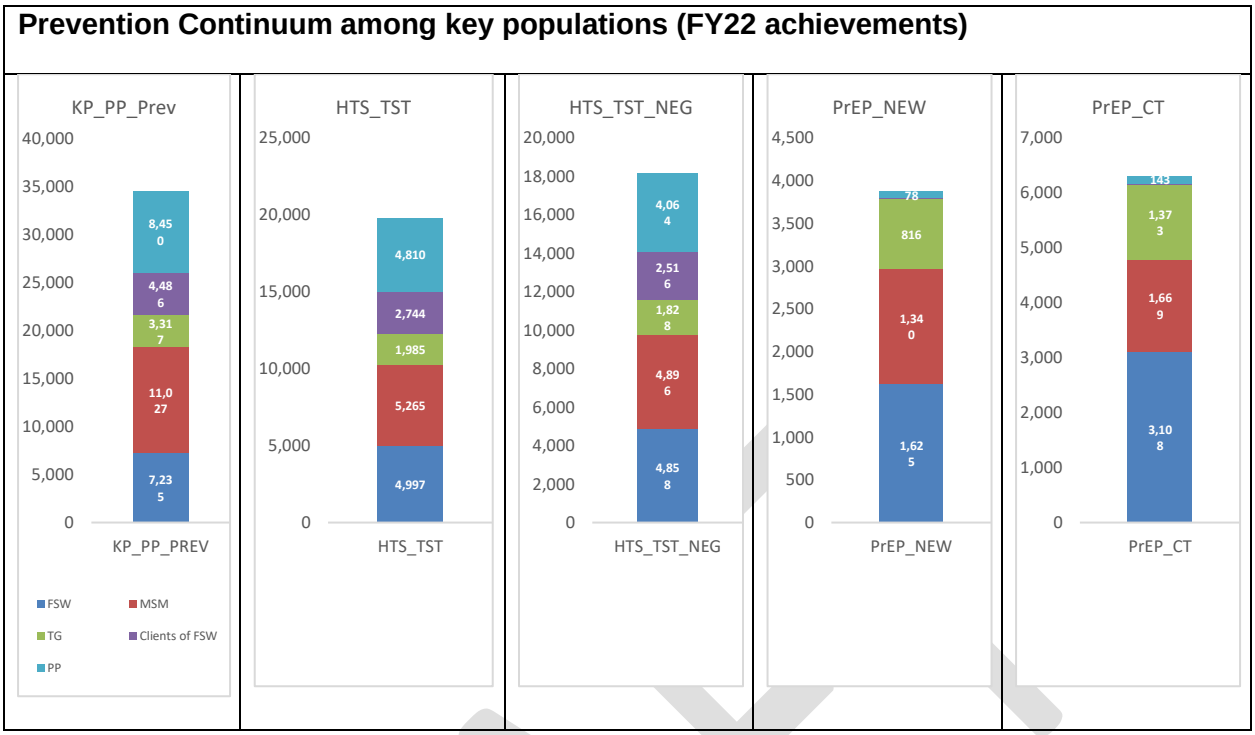


Figure 35: Prevention Continuum by Key Population Group, Nepal

PEPFAR Papua New Guinea

Vision, Goal Statement, and Executive Summary.

PNG has the highest rates of HIV prevalence in the Pacific and is one of few countries globally with an increasing HIV epidemic. Per the 2022 Spectrum and Global AIDS Monitoring (GAM) data, PNG's number of new annual infections is estimated at 6,100, representing a 55 percent increase in cases since 2010. Primary HIV transmission is through sexual activity with prevalence rates disproportionately impacting sex workers and other women who exchange sex for money, goods, and protection and their male partners and clients; MSM; and TGW and their sexual partners.

PNG estimates a total of 70,200 PLHIV as of 2022, more than half of which (59 percent) are women. National prevalence is estimated at 1.1 percent; 2022 is the first time in 12 years that prevalence has reached above one percent. All of PNG's 22 provinces have reported an increasing number of HIV cases; 14 provinces have recorded one percent or higher prevalence rates. Prevalence grows exponentially with specific focus on KPs whose HIV rates are estimated between 11.9 and 19.6 percent among FSWs, and between seven and nine percent among MSM and TG populations.

PEPFAR PNG will support the National Department of Health (NDoH) and National Capital District Provincial Health Authority (NCDPHA) to conduct a BBS in the PEPFAR SNU in fiscal year (FY) 2024 to update available KP data. Vertical transmission rates have remained stubbornly high and have now increased to a staggering 32 percent with more than 1,100 new child infections due to mother-to-child transmission.

PNG's HIV epidemic is set against a backdrop where there are insufficient human resources and budget allocated by the national government to provide even basic health services to the population. PNG has the lowest ratio of doctors and nurses across the Pacific – only 500 licensed medical doctors within the public health system – with more than 14,000 positions vacant. Hospitals, health facilities, and aid posts are routinely stocked out of even the most basic commodities and supplies. PNG also records the highest under-five and maternal mortality rates in the Pacific, lowest routine immunization rates, and high stunting rates, with more than 50 percent of children stunted.

The majority of the Government of Papua New Guinea's (GoPNG) HIV budget is targeted on ART procurement; external donors including the PEPFAR, GFATM, and Australia's Department of Foreign Affairs and Trade (DFAT) support TA and program implementation across the country's high-burden provinces.

At the national level, PNG's HIV cascade in the general population is 70-87-87 with 54 percent VL coverage. In contrast, due to sustained investment from PEPFAR and TA provided by the USAID in PNG's National Capital District), the cascade is 100-100-92 with 92 percent VL suppression. Current HIV cascade data among key population were not available. Based on IBBS data collected in 2017, cascade data among FSWs was 39-80-54, data for MSM/TG was not generated due to low participation of HIV positive individuals among these groups. We anticipate that the planned BBS in FY24 will provide us a better insight into Key Populations cascades. Under Regional Operational Plan 2023 (ROP23)/FY2024, PEPFAR PNG will continue activities to ensure saturation along the HIV care continuum including index testing, expanding test and start, addressing lost-to-follow-up, and increasing VL testing coverage in the National Capital District. Additionally, PEPFAR PNG will focus on sustaining the gains made in the NCD through expanded efforts to transition core technical interventions fully to CSO partners, while supporting the NCDPHA's HIV program and its management team with TA and program management capacity building to better mobilize resources and coordinate CSO and development partner interventions.

Under ROP23, PEPFAR PNG will scale successful PEPFAR interventions to other high-burden provinces in collaboration with GFATM Principal Recipient (PR), World Vision PNG (WV-PNG). Interventions will focus on improving case finding yield, reducing IIT, provision of post-gender-based violence (GBV) care, and strengthening of referral networks, including expanding VLC and improving VLS rates.

On World AIDS Day 2022, PEPFAR PNG initiated a PrEP feasibility assessment, the first formal introduction of PrEP in PNG. In ROP23, PEPFAR PNG will continue providing hands-on mentoring and coaching to service providers at the two National Capital District-based clinics, where PrEP is currently administered, and will work closely with the Key Populations Advocacy Consortium (KPAC) and other KP-focused CSOs to generate demand for and increase awareness of PrEP targeting KPs and PLHIV. Collaboration will continue with GFATM, WV-PNG, and DFAT to identify potential scale-up and expansion of PrEP to improve its accessibility in other high-burden provinces.

Additionally, to support national-level planning and coordination, PEPFAR PNG will continue to provide above-site TA to the NDoH, focusing on strengthening data systems and use, critical HIV guideline development (e.g., PrEP, care and treatment, HIV testing, etc.), improving pediatric and adolescent care, and supporting strategies to improve HIV testing in antenatal care (ANC) and through index client family and partner testing (ICFPT).

To address PNG's high vertical transmission rates and burgeoning HIV epidemic amongst adolescents aged 15 to 24, PEPFAR PNG will place increased focus on pediatric and adolescent prevention and care and treatment in ROP23. PEPFAR PNG will address current pediatric ART gaps, ensure pediatric ART regimen optimization, develop safe disclosure practices, and integrate them into the HIV counseling toolkit, and initiate appropriate DSD and MMD models for this subpopulation. For adolescents, PEPFAR PNG will continue to scale-up age-appropriate interventions using QI processes and peer-driven service delivery models. As part of our TA support, PEPFAR PNG will ensure the needed capacity building for all HCW is prioritized to provide quality pediatric and adolescent HIV treatment and care services across supported health facilities, using targeted interventions addressing the unique needs of each age subpopulation.

In ROP23, PEPFAR will operationalize recommendations from a DNO assessment initiated in ROP22 to improve laboratory services and achieve 95 percent VL testing coverage and 95 percent VLS. Collaboration will continue with WV-PNG, implementing partner FHI 360, DFAT and other external donors, and the NDoH to develop a roadmap for laboratory service improvement based on the results of the DNO.

Successes recognized by PEPFAR PNG's CLM Activity in ROP22 will be enhanced in ROP23, including implementation of recommendations from an Organizational Capacity Assessment (OCA) conducted between August and October 2022 to ensure sustainability of KPAC's HIV achievements to date; ongoing mentoring and support to health facilities following feedback delivered about the quality of HIV services received by KPs; and, expansion of CLM programming outside of the National Capital District in collaboration with WV-PNG. PEPFAR PNG will also increase focus on quality assurance (QA)/QI by conducting SIMS visits and DQA and through the institutionalization of QA/QI activities, including mystery client surveys and other models identified through CLM.

Table 60: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, PNG*

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*, PNG										
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	549,215	1.35	7,414	6,839	6,839	100%	91.4%	5,219	600	1,568
Population <15 years	48,413	1.35%	654	14	14	2%	78.6%	164	17	18
Men 15-24 years	38,665	1.35%	522	138	138	26%	82.4%	519	36	69
Men 25+ years	158,203	1.35%	2,136	2,576	2,576	121%	91.9%	1,993	236	536
Women 15-24 years	93,478	1.35%	1,262	584	584	46%	84.7%	852	105	302
Women 25+ years	210,426	1.35%	2,841	3,523	3,523	124%	92.4%	1,684	206	624
MSM	7,500	8.5%	638	87	87	13.6%	-	183	4	19
FSW	16,100	14.9%	2,399	510	510	21.3%	-	769	73	15
Priority Pop (TG)	-	-	-	-	32	-	-	26	1	4

ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)

Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

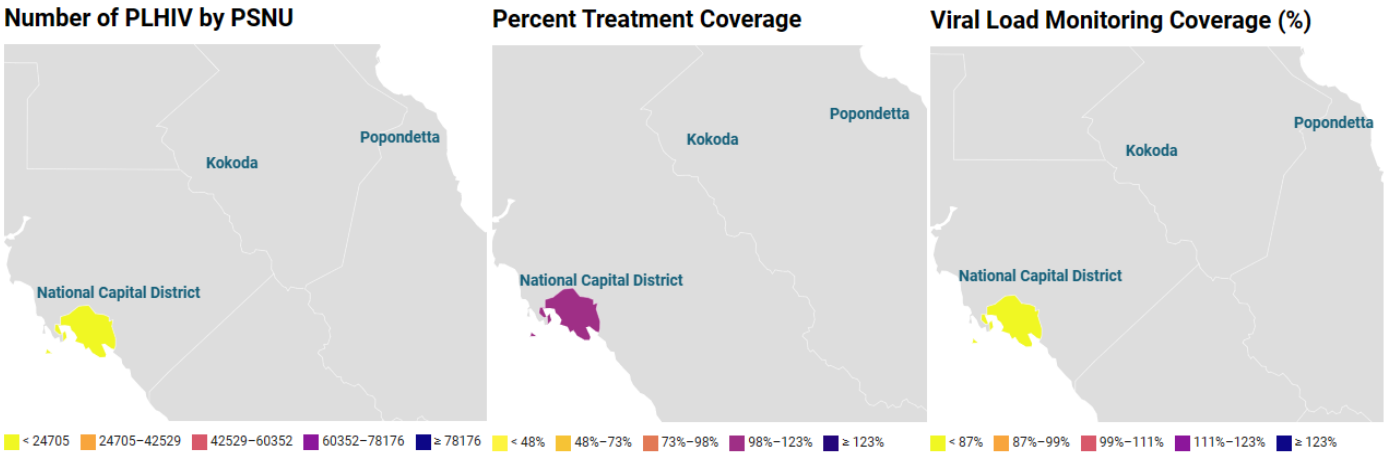


Figure 36: Map of People Living with HIV, Treatment Coverage, and Viral Load Monitoring, PNG

Table 61: Current Status of ART Saturation, PNG

Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Scale-up: Saturation	-	6,839	1	1

Pillar 1: Health Equity for Priority Populations

PEPFAR PNG is deeply committed to ensuring all ages, genders, and population groups at risk for HIV infection receive data and evidence-based, equitable, people-centered, and gender-affirming HIV prevention and treatment services. In ROP23, PEPFAR PNG will focus on increasing access to and improving services for KPs, improving prevention of mother-to-child transmission (PMTCT) to reduce the country's increasing vertical transmission rates, improving prevention and treatment amongst adolescents aged 15 to 24, and continuing to provide holistic support for GBV survivors.

***Focus on* Key Populations**

Targeted surveys in Port Moresby, Lae, and Mt. Hagen estimates an HIV prevalence of 19 percent amongst sex workers and other women who exchange sex, and nine percent prevalence among MSM and TGW. However, the last IBBS was conducted in PNG in 2017. Given the dearth of consistent and reliable data on KP population sizes, PEPFAR PNG will work closely with other stakeholders under the guidance of the NDoH to develop a follow-on BBS that

is cost-effective, yet robust. This survey will assess KP prevalence and KP size estimations to inform future programming, be combined with KP program data to improve national estimates and projections and enable development of KP-focused interventions that target high-burden regions.

PEPFAR PNG will continue supporting UNAIDS and KPAC to implement the CLM Activity in the National Capital District and collaborate with WV-PNG to expand the activity's reach into other high-burden provinces. In ROP23, increased efforts will be made to link CLM findings with NDoH and NCDPHA data to improve programming around prevention, testing, ART initiation, VL screening, and S&D. Organizational strengthening of KPAC through implementation of recommendations from an OCA conducted between August and October 2022 will support the sustainability of organizational achievements, in addition to improved technical and programmatic implementation. PEPFAR PNG will expand organizational development activities by conducting OCAs of KPAC's seven member networks to improve HIV services for represented KPs.

Beyond CLM, PEPFAR PNG will continue its collaboration with KP CSOs to increase the quality and coverage of KP-friendly index testing, utilizing data and findings from the CLM Activity and previous index and KP-friendliness assessments in ROP22. PEPFAR PNG will strengthen person-centered prevention services, working directly with KPs to generate demand for PrEP, provide risk reduction education and counseling, and promote condom use. At the facility level, PEPFAR PNG will continue KP sensitization training for healthcare workers and the community to reduce S&D against PLHIV and KPs and increase demand for HIV services. At the national level, PEPFAR PNG will support KPAC and KP-focused CSOs advocate for increased GoPNG and partnership support to expand KP-focused HIV programming.

***Focus on* Preventing PMTCT**

Vertical transmission of HIV between mother and child is estimated at 32 percent, translating into 1,100 new child infections annually. As of 2022, 3,600 PNG mothers are HIV positive; however, only 35 percent received PMTCT coverage. Of these 1,200 mothers received PMTCT, 69 percent received ART during pregnancy more than four weeks before delivery; 31 percent started ART during pregnancy less than four weeks before delivery. ANC uptake amongst pregnant women in PNG is low with less than 60 percent accessing ANC services. It is estimated that more than 60 percent of Papua New Guinean women have unsupervised deliveries. Working women are 1.37 times more likely to seek ANC care compared with women

that are unemployed. Additionally, regional factors impact ANC attendance; women from the Niugini Islands region had 0.5 lower odds of early ANC attendance compared with women living in other regions of the country. Access to quality basic health services, including quality ANC services is an important barrier and varies throughout the country and different regions or locations.

In ROP23, PEPFAR PNG will provide TA for improved PMTCT and treatment services in PEPFAR PSNU by addressing pediatric ART gaps, ensuring pediatric ART regimen optimization, developing safe disclosure proactive, and initiating appropriate DSD and MMD for this subpopulation. PEPFAR PNG intends to second a pediatric ART coordination within the National HIV program to drive the development and implementation of these targeted interventions. Additionally, PEPFAR PNG will provide training and on-site mentoring support for healthcare workers across our 11 supported clinics in the National Capital District to link expectant mothers living with HIV to ANC services.

***Focus on* Adolescents**

More than 52 percent of new HIV infections within PNG's growing HIV epidemic are amongst adolescents aged 15 to 24 years; adolescent females constitute 75 percent of new infections amongst this age group. In ROP23, PEPFAR PNG will address this rapidly growing subpopulation with targeted prevention interventions, including GBV services tailored for adolescent females.

***Focus on* GBV Survivors**

GBV remains a major barrier to health services in PNG. A woman is beaten every 30 seconds in PNG, and more than 1.5 million people experience GBV per year. An estimated 58.3 percent of Papua New Guinean women have been victims of intimate partner violence (IPV), one of the highest rates in the world. Exposure to GBV, particularly IPV, denies survivors their basic rights needed to access resources, fuels decreased ART adherence, and significantly lowers the rates of VLS.

In ROP23, PEPFAR PNG will increase access to GBV prevention and post-GBV services, emphasizing the prevention of IPV as an integral component of index testing. Building on the launch and dissemination of the sexual and gender-based violence clinical guidelines in ROP22, PEPFAR PNG will continue providing GBV sensitization training to healthcare workers and their communities across the PEPFAR-supported clinics in the National Capital District and continue

leading psychosocial support group sessions for GBV survivors. Rape kits will be assembled and delivered across the PEPFAR-supported clinics and referral services and trainings for healthcare workers delivered.

Pillar 2: Sustaining the Response

Inherent in all of PEPFAR PNG's interventions is a focus on sustainability. Maintaining treatment continuity, reducing mortality, and improving quality of life are critical components of the sustained response in PNG. In ROP23, PEPFAR PNG will work with the GoPNG, NDoH, and key collaborators, including the NCDPHA, WV-PNG, and DFAT, to build sustainability efforts and strengthen cross-cutting health system capabilities and outcomes to protect population reductions in HIV incidence and prevalence.

Sustainability Roadmap

The timing of ROP23 in PNG is fortuitous as development of PNG's funding request to the GFATM is ongoing, planned for submission on May 20. PEPFAR PNG is working closely with the GoPNG, NDoH, KP-led CSOs, and development partners to ensure PEPFAR priorities are well encapsulated and, in turn, able to translate priorities included in the GFATM grant into our ROP23 planning. Additionally, development of PNG's National STI and HIV Strategy 2023-2028 is ongoing; PEPFAR PNG is actively engaged in the process and continues to advocate for replication of the successes recognized in the National Capital District across PNG's other high-burden provinces.

As an outcome of the co-planning meeting in Bangkok, Thailand in March 2023, PEPFAR PNG and our national delegates from the NDoH, KPAC, WV-PNG, and UNAIDS included systems strengthening as a key component of our ROP23 program. With leadership from the HIV program within the NDoH, specific systems focus will be given to the following: 1) utilizing existing coordination mechanisms to improve partner coordination and engagement, including the NDoH's Health Sector Aid Coordination Committee, HIV TWG, and SI TWG, amongst others; 2) implementation of the BBS in the National Capital District with a focus on identifying lessons learnt for NDoH replicability in other provinces; 3) providing TA to conduct HIV program costing; 4) continuing to develop the HIV data hub and expand its use nationwide; and 5) providing TA to revise and develop national HIV policies. PEPFAR PNG will work hand-in-glove with NDoH leadership and other development partners to ensure synergies between work plans developed under the various funding streams (PEPFAR, GFATM/WV-PNG, and DFAT) and

begin translating our shared goals into a sustainability vision, roadmap, and implementation plan.

Localization

Since 2018, PEPFAR PNG has supported CSO partners and the NCDPHA to strengthen the health system and improve health outcomes related to HIV/AIDS in PNG. In ROP23, our focus will be on sustaining the gains made in the National Capital District through expanded efforts to transition core HIV technical interventions fully to CSO partners. To date, CSO partners have undergone technical capacity building and are ready to implement interventions such as ICFPT, Active Case Management (ACM), and VL collection surge campaigns independently. While transitioning these core HIV technical interventions to CSO partners, PEPFAR PNG will build on efforts to support the NCDPHA to take greater responsibility for and management of HIV program activities implemented by CSO partners.

To further support CSO partners to effectively deliver interventions, PEPFAR PNG will focus on developing project management and QI capacity through targeted mentoring. This will include training CSO partners on project planning, monitoring, evaluation, and reporting to ensure that they can implement interventions in a timely and effective manner. PEPFAR PNG will also support the NCDPHA in improving partner coordination by seconding a dedicated partnership coordinator who will focus on technical coordination of CSO partners to ensure all interventions are implemented in a collaborative and efficient manner.

PEPFAR PNG will provide direct TA and program management capacity building to the NCDPHA so they can more effectively mobilize resources to support a sustainable transition of core programming to the government. This will involve continued support to the NCDPHA to understand funding mechanisms and providing guidance on building robust annual implementation plans including core activities currently funded by PEPFAR. While TA is provided on how to mobilize resources, sustained efforts will continue to advocate for more HIV clinical and non-clinical staff to be transitioned to the NCDPHA payroll for sustainability, thus enabling the NCDPHA to better management and implement the programs, leading to improved health outcomes and a stronger health system in PNG.

In ROP23, PEPFAR PNG will collaborate with KP networks and donors to implement recommendations from an OCA of KPAC conducted between August and October 2022. KPACs seven member networks will participate in an “OCA lite” exercise in ROP23; a full OCA will be delivered to the National AIDS Council Secretariat (NACS) to improve their role as PNG’s

key HIV prevention partner and to the 1-2 Provincial Health Authorities (PHA) identified to scale-up the PEPFAR-supported National Capital District Center of Excellence model.

Alignment

With a focus on systems strengthening in ROP23, PEPFAR PNG will leverage internal and development partner investments to significantly enhance the rollout of PNG's M&E systems and strengthen laboratory systems. We will support PHAs to deploy sustainable monitoring, evaluation and learning systems to collect, analyze, review, disseminate, interpret, display, and strategically use data at all project planning and implementation levels. We will continue to transition PHA ownership of M&E structures and data systems, including integration of the HIV Patient Database (HPDB) into the mSupply platform, aligned with the NDoH's vision for a centralized cloud-based electronic medical records platform and improved data visibility to inform programing. PEPFAR PNG will work with key development partners working in the laboratory strengthening space to implement recommendations from the DNO conducted in ROP22, in addition to working directly with the Central Public Health Laboratory to establish a second molecular laboratory utilizing the USG-donated Roche platform to expand VL testing capacity in the Highlands and establishing a sample referral pathway for HIV drug resistance (HIV-DR) testing in the region. TA will be provided to conduct an HIV costing study to build the NDoH's understanding of true costs associated with patient-centered healthcare for PLHIV.

Pillar 3: Public Health Systems and Security

In ROP23, PEPFAR PNG will continue to strengthen PNG's public health systems, pandemic preparedness, and community-led efforts to enhance global health security by equipping the GoPNG to sustain HIV impact and efficiently strengthen local capacity for preparedness and response to other diseases and outbreaks. PEPFAR PNG will leverage anticipated Global Health Security Agenda funding to support implementation of key interventions, including enhancements to PNG's surveillance system and implementation of recommendations resulting from the DNO conducted in ROP22. Additionally, PEPFAR PNG will leverage USAID programming support to COVID-19 interventions and adapt lessons learned to the HIV context in terms of surveillance, business continuity, and health workforce support.

PNG was announced as a Global Health Security Agenda-supported country in FY2023; planning is currently underway with implementing partners the Food and Agriculture Organization and WHO to develop work plans and program available funding. It is envisaged that Global Health Security Agenda funds will augment PEPFAR's ROP23 investment by

supporting improved interoperability of surveillance systems developed under COVID for other infectious diseases in PNG, including HIV, and to rollout recommendations from the DNO conducted in FY22.

Additionally, PEPFAR PNG will work with the Central Public Health Laboratory and health facilities to monitor HIV treatment success by establishing protocols to test and track HIV drug resistance to the TLD regime introduced in ROP21 and to which PLHIV in PNG were fully transitioned in ROP22.

Pressure Swing Adsorption (PSA) and Liquid Medical Oxygen

Finally, PEPFAR PNG will continue to leverage internal and development partner COVID-19 resources to strengthen PNG's system to monitor and mitigate emerging public health threats as necessary. PEPFAR PNG is actively engaged in discussions to reprogram the GFATM's COVID-19 Response Mechanism (C19RM) funding to focus on general health systems strengthening through a risk mitigation lens more broadly versus being wholly focused on COVID-19 mitigation. One area of systems strengthening support that will carry over from FY22 is the installation of liquid medical oxygen facilities at PNG's two largest hospitals, Port Moresby General Hospital in Port Moresby, and Angau Memorial Hospital in Lae. PEPFAR PNG's support to the NDoH and partnership with WV-PNG will result in the development and dissemination of a national oxygen policy and provision of life-saving complementary PSA plants and liquid medical oxygen availability at PNG's two largest hospitals, thus strengthening PNG's ability to respond to future pandemics.

Pillar 4: Transformative Partnerships

In ROP23, PEPFAR PNG will continuing to build on our strategic partnerships with the NDoH, GFATM/WV-PNG, DFAT, UNAIDS, KPAC, other HIV-focused CSOs, and the private sector to leverage existing resources and capabilities toward high priority HIV/AIDS program objectives. At the national level, PEPFAR PNG is actively engaged in the planning for and development of the funding request to GFATM covering 2024-2026, ensuring the successes achieved through PEPFAR support in the National Capital District are considered for replication in other high-burden HIV provinces. Additionally, PEPFAR PNG is actively engaged with the NDoH and NACS in the development of the National STI and HIV Strategy 2023-2028, ensuring PEPFAR's strategic investments and successes to date are incorporated into the final strategy.

PEPFAR PNG will work with GFATM/WV-PNG to adapt proven HIV programming to 1-2 priority provinces – final selection to be determined in partnership with the NDoH – to leverage GFATM investments and address barriers to the attainment of 95-95-95 targets in PNG's high-burden HIV provinces. By establishing PEPFAR's National Capital District program as a Center of Excellence, PEPFAR PNG will scale successful interventions to other GFATM/WV-PNG-supported provinces. This model will ensure technical capacity development of GH/WV-PNG-supported coordinators at the PHA level as well as GFATM/WV-PNG-supported CSO partners to further strengthen the sustainability of HIV programming and contribute to overall health systems strengthening. Additionally, PEPFAR PNG will work directly with GFATM/WV-PNG to document lessons learned from the National Capital District -based PrEP feasibility assessment and identify opportunities to expand PrEP into other provinces.

PEPFAR PNG is working with DFAT to expand upon achievements under the CLM Activity in Morobe and Eastern Highlands Provinces. UNAIDS will continue implementing the CLM Activity in ROP23, including organizational and technical strengthening of subrecipient KPAC. To support capacity building for sustainability, PEPFAR PNG plans conduct OCAs of KPACs member institutions, PHAs, and NACS, developing roadmaps for each to improve organizational, technical, and programmatic implementation. Additionally, PEPFAR PNG provides hands-on support to UNAIDS' GAM and Spectrum processes on an annual basis; PEPFAR PNG staff additionally support NDoH training and provide coaching and mentoring support to NDoH staff.

In ROP23, PEPFAR PNG will pursue private sector opportunities, specifically with City Pharmacy Limited and Coca Cola PNG. City Pharmacy Limited is PNG's largest pharmaceutical provider in PNG with locations nationwide, including aid posts in some of the country's more remote locations. Pursuant to discussions during the ROP23 co-planning meeting in Bangkok, PEPFAR PNG will explore the possibility of City Pharmacy Limited supporting HIV self-testing within the communities it serves. Additionally, PEPFAR PNG will explore the existing relationship between Coca Cola PNG and USAID'S American Chamber of Commerce Coral Sea to combat GBV and identify opportunities to expand that work within PEPFAR-supported clinics in the National Capital District.

Pillar 5: Follow the Science

PEPFAR PNG is committed to our legacy of being guided by science and data to drive programming decisions for greater effectiveness and efficiency. In ROP23, PEPFAR will continue to invest in science aiming to transform the future of HIV programming in PNG,

including using findings from the PrEP feasibility assessment initiated in ROP22 to develop national guidelines and expand geographic coverage. PEPFAR PNG will provide TA to ensure HIV testing and treatment guidelines reflect WHO-endorsed standards and through the optimization of second line ART options. We will work with the NDoH, UNAIDS, NACS, GFATM/WV-PNG, DFAT, and other development partners update the existing care and treatment guidelines to include an increased focus on adolescent and pediatric care and will increase TA to the NDoH to finalize the triple elimination strategy and rollout the three-test algorithm. As noted above, we will continue our engagement with the NDoH, NACS and UNAIDS to finalize, disseminate, and implement the National STI and HIV Strategy 2023-2028.

Strategic Enablers

Community Leadership

In ROP23, PEPFAR PNG will build upon CLM's three primary focus areas – institutional strengthening, quality improvement, and reducing S&D – by institutionalizing CLM into PNG's HIV rubicon with an emphasis on sustainability. Additional person-centered treatment services will be enhanced including DSD models to ensure geographic coverage of ART dispensation, increasing KP friendliness, VL testing, and increased focus on reducing treatment interruption. PEPFAR PNG will institutionalize QA/QI activities, including mystery client surveys and other models through CLM. In partnership with DFAT, GFATM/WV-PNG, and UNAIDS, PEPFAR PNG will leverage development partner resources to scale-up CLM in Morobe and Eastern Highlands Provinces.

PEPFAR PNG has prioritized stakeholder engagement throughout ROP23, including having representatives from the NDoH, UNAIDS, GFATM/WV-PNG, and KPAC join the PNG delegation at the ROP23 Co-Planning Meeting in Bangkok, Thailand in March 2023. Prior to the co-planning meeting, PEPFAR PNG solicited feedback from key HIV stakeholders during the January and February HIV TWG meetings. Following the co-planning meeting, PEPFAR PNG presented our ROP23 roadmap to all Bangkok delegates in addition to representatives from the NCDPHA, DFAT, and HIV CSOs. Representatives from the NDoH, KPAC, UNAIDS, and GFATM/WV-PNG joined PEPFAR's April 26 stakeholder update meeting.

PEPFAR PNG provides ongoing TA and participates in discussions at the national level through the SI and HIV TWGs, integrating feedback received into PNG's ROP23 strategy. PEPFAR PNG also meets with partners – NDoH, GFATM/WV-PNG, DFAT, KPAC, and UNAIDS, amongst others – on a monthly basis to build a joint strategy and address issues in individual

programmatic areas and in the national HIV program and to identify partner-driven, collaborative solutions. Additionally, PEPFAR PNG is leading efforts to engage stakeholders, including HIV CSOs, to implement recommendations from a KPAC OCA conducted between August and October 2022; monthly meetings provide another forum for an exchange of best practices and lessons learned within the HIV space.

Lift Proposal: PEPFAR PNG will implement the approved lift proposal activity titled; Expanding CLM activity to assess structural and systems barriers KP and high-risk women accessing PMTCT services in PEPFAR's PSNU. In this proposal, PEPFAR plans to work with our current implementing partners (UNAIDS, the Key Populations Advocacy Consortium [KPAC] and FHI360) to expand the Community-Led Monitoring (CLM) activity to assess structural and systems barriers to high-risk women/KP access to Antenatal, Birthing and Post-natal services, including family planning, to identify gaps to address and improve service uptake.

Innovation

USAID initiated a DNO in ROP22 using COVID-19 funds provided as wraparound TA to GFATM/WV-PNG to move C19RM activities forward. Although not yet complete, the DNO is expected to have significant impact on HIV, TB, malaria, and COVID-19, in terms of sample transport and control, testing and reporting turnaround times, and identifying challenges and opportunities for PEPFAR and other donors to identify and implement innovative solutions across lab systems strengthening.

Leading with Data

PEPFAR PNG will improve on gains recorded in ROP22 which have strengthened the data systems in the National Capital District. In ROP23, we will continue to enhance NCDPHA ownership of M&E structures and data systems, data utilization, including integration of HPDB into the mSupply platform. A standard HIV Data Hub will be established to improve data accountability, transparency, and integrity; PEPFAR PNG will support PHAs to deploy monitoring, evaluation and learning systems to collect, analyze, review, disseminate, interpret, display, and strategically use data at all project planning and implementation levels. Additionally, PEPFAR PNG will complete revisions to HIV surveillance tools initiated in the National Capital District; these tools will be rolled out to the Momase and Southern regions of PNG. Finally,

PEPFAR PNG will work with PHAs to transfer ownership of HIV data by establishing provincial data hubs.

Target Tables

Table 62: ART Targets by Prioritization for Epidemic Control, PNG

ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) *TX_CURR***	**Newly Initiated Target (FY24) *TX_NEW***	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Scale-Up Saturation	7,041	355	6,907	7,298	498	7,298	N/A
Total	7,041	355	6,907	7,298	498	7,298	N/A

Core Standards

The core standards include:

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.
    - ❖ Continued index testing in the National Capital District and expansion to high-burden provinces by leveraging GFATM/WV-PNG investments.
    - ❖ Index testing as one of the core interventions is replicated to 1-2 selected high HIV burden provinces, in collaboration with GFATM and based on learnings in the National Capital District.

2. **Fully implement "test-and-start" policies.**
    - ❖ Test and Start are part of PNG HIV Care and Treatment guidelines. PEPFAR PNG has increased the number of individuals tested and treated the same day in the National Capital District. We will continue TA to expand SDART nationally and in GFATM/WV-PNG-supported sites.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**
    - ❖ Continue PrEP feasibility assessment and rollout as part of PNG's HIV prevention tool kit, including work with KPAC and other KP-led CSOs to generate demand; develop and ensure inclusion of PrEP guidelines into national HIV care and treatment strategy; leverage development partner interest and resources to expand PrEP rollout.

- ❖

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.
    - ❖ This is not applicable to PEPFAR PNG.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
    - ❖ All PLHIV access to ART and primary health care is provided at no cost as part of PNG's national policy; PEPFAR PNG ensures this is followed in the National Capital District.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity.**
    - ❖ PNG's HAMP Act protects HIV patients but needs revision; UNAIDS intends to support its revisions with the NDoH in FY2024 and PEPFAR PNG will be part of the process and discussions. Additional resources to operationalize strategies to reduce S&D are needed, in addition to TA support. PEPFAR PNG's CLM activity will continue to support this progress for PLHIV and KPs.

7. **Optimize and standardize ART regimens.**
    - ❖ In PNG since November 2021, DTG-based regimen is available for all PLHIV from four weeks of age and older.

8. **Offer DSD models.**
    - ❖ Differentiated service delivery models, including a 3+/6-month MMD policy, are adopted under PNG's national HIV care and treatment guidelines; PEPFAR PNG supports national projections to increase MMD. PEPFAR PNG supports differentiated service delivery models in the National Capital District and has more than 90 percent of PLHIV on 3+ MMD.

9. **Integrate TB care.**
    - ❖ Routine TB screening is included in PNG's HIV care and treatment guidelines and is scaled-up nationally. Client uptake forms are structured to enable TB screening for HIV patients at every visit. Laboratory screening using GeneXpert platform.

10. **Diagnose and treat people with AHD.**

- ❖ PEPFAR supported the introduction of cryptococcal antigen screening as part of the management of AHD. PEPFAR is providing TA to improve the management of AHD.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**.

- ❖ In ROP23, we will implement recommendations from DNO conducted by FHI 360 in partnership with GFATM/WV-PNG to transition to integrated diagnostics and multiplex testing to address multiple diseases.

12. **Integrate effective QA and CQI practices into site and program management.**

- ❖ National HIV QI is part of the NDoH's HIV program following its launch of the HIV QI Framework; this policy is implemented in the PEPFAR-supported National Capital District. PEPFAR PNG will utilize the CLM activity to provide TA for its national scale-up.

13. **Offer treatment and viral-load literacy.**

- ❖ PEPFAR PNG implements the U=U campaign, initiated as part of PNG's World AIDS Day 2020 activities.

14. **Enhance local capacity for a sustainable HIV response.**

- ❖ In ROP22, USAID conducted an OCA of KPAC; PEPFAR PNG conducted readiness reviews of the six local CSOs awarded subgrants under the USAID HIV Support to PNG Activity. In ROP23, PEPFAR PNG will leverage partner resources to implement KPAC's OCA recommendations. Additionally, USAID will initiate "OCA lites" of KPAC's member organizations, NACS, and PHAs.

15. **Increase partner government leadership.**

- ❖ The GoPNG's HIV funding has increased in FY2023, though the majority of funding is used for procurement, not HIV interventions. NDoH has in the current fiscal increased its visibility in leadership and management of the HIV program.

16. **Monitor morbidity and mortality outcome.**

- ❖ PEPFAR PNG is supporting the NDoH's ongoing work to integrate HIV data systems with national HIS by implementing a national unique identifier to allow the linking of HIV patient data with vital statistics and case monitoring.

17. **Adopt and institutionalize best practices for public health case surveillance.**
    - ❖ PNG's surveillance tools were updated with NUIC to facilitate patient tracking; these tools are currently in use. Currently a cloud based centralized HIV database is under development expected to be functional by the end of FY23 which for the first time enables case-based surveillance to be implemented.

USG Operations and Staffing Plan to Achieve Stated Goals

In ROP23, USAID's PEPFAR program will continue funding three full-time HIV positions and one part-time position; the USAID Country Coordinator to PNG who currently oversees the health portfolio is expected to PCS in September 2023. USAID anticipates backfilling this role with a U.S. Direct Hire Health Officer in mid-FY2024. Coverage is anticipated through TDYs from USAID's Office of HIV/AIDS and potential support through an Institutional Support Contract; the team in PNG and Manila are actively pursuing all opportunities in anticipation of the Country Coordinator's departure.

The PNG HIV team in Port Moresby, PNG, is comprised of three FTE foreign service national positions, including the HIV Team Lead, Care and Treatment Advisor, and SI/Monitoring, Evaluation, Learning Advisor (vacant) and two 0.5 FTE positions including the Health Officer (TBH; U.S. Direct Hire) and Program Management Specialist (foreign service national), focused on budget management and operations.

The team is actively recruiting to fill the long-vacant SI/Monitoring, Evaluation, Learning Advisor position. A Technical Evaluation Committee was established in April 2023 with the aim of concluding recruitment before the end of FY23.

No new positions are expected in ROP23. Non-PEPFAR-funded staff based in Manila, Philippines will continue to provide leadership to and oversight of the PNG HIV team.

APPENDIX A – PRIORITIZATION

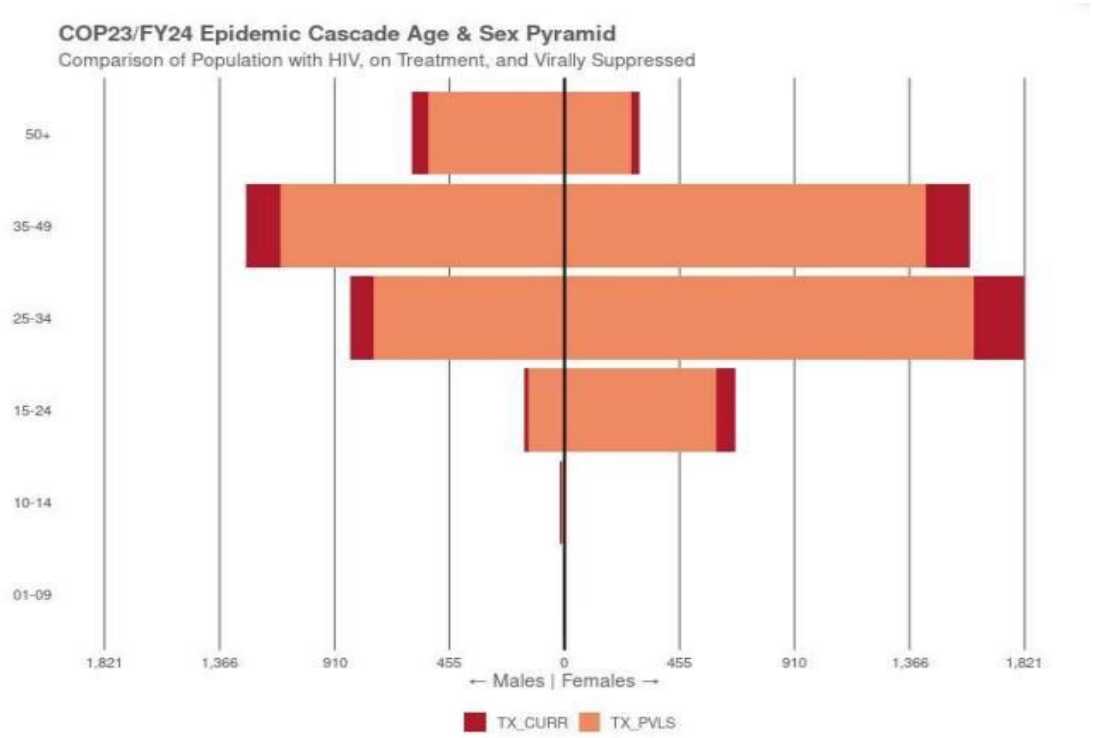


Figure 37: Epidemic Cascade Age/Sex Pyramid, PNG

APPENDIX B – Budget Profile and Resource Projections

Table 63: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, PNG

Country	Intervention	Budget	
		2023	2024
		$4,395,000	$5,095,000
Total		$4,395,000	$5,095,000
Papua New Guinea	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$258,685	
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations		$75,000
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$20,000
	ASP>Human resources for health>Non Service Delivery>Key Populations	$126,168	
	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$131,727	$120,000
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations		$280,000
	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		$50,000
	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$56,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Children		$70,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$20,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$359,455
	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations		$50,000
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$700,000
	C&T>HIV Clinical Services>Non Service Delivery>Key Populations		$140,000
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations		$226,631
	C&T>HIV Clinical Services>Service Delivery>Key Populations	$378,565	$378,565
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$868,151	$868,151
	C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$134,489	
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations		$257,896
	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$50,000	
	PM>IM Program Management>Non Service Delivery>Key Populations	$40,000	$40,000
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$805,925	$775,279
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$427,709	$518,023
	PREV>Not Disaggregated>Non Service Delivery>Key Populations	$75,000	$75,000
	PREV>PrEP>Service Delivery>Key Populations	$15,000	$15,000
		$1,083,581	

Table 64: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, PNG

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Country	Program	Budget	
		2023	2024
		$4,395,000	$5,095,000
Total		$4,395,000	$5,095,000
Papua New Guinea	C&T	$1,521,205	$1,613,347
	HTS	$257,896	$257,896
	PREV	$90,000	$90,000
	ASP	$1,202,265	$1,800,455
	PM	$1,323,634	$1,333,302

Table 65: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, PNG

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Country	Targeted Beneficiary	Budget	
		2023	2024
		$4,395,000	$5,095,000
Total		$4,395,000	$5,095,000
Papua New Guinea	Children		$70,000
	Key Populations	$947,784	$1,493,565
	Non-Targeted Populations	$3,447,216	$3,531,435

Table 66: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, PNG

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Country	Initiative Name	Budget	
		2023	2024
		$4,395,000	$5,095,000
Total		$4,395,000	$5,095,000
Papua New Guinea	Community-Led Monitoring	$180,000	$180,000
	Core Program	$3,956,315	$4,215,000
	KP Survey		$700,000
	Surveillance and Public Health Response	$258,685	

B.2 Resource Projections

PNG analyzed expenditures from previous ROP years taking into consideration the current cost of doing business in the country as well as the strategic direction set by the PLL, in addition to maintaining support to CSOs through sub-awards and UNAIDS/KPAC currently being funded under PEPFAR. The flatlined core program budget signals continuation of the programmatic efficiencies that were started from the previous ROP on the work that has already been started by PEPFAR, partners, and the NDoH. ROP23 saw an additional KP funding for BBS to be conducted in FY 2024. The inclusion of the BBS funding resulted in 29% budget allocation for KP programming. In ROP22, PNG additionally is continuing investments in the KP Consortium to lead and implement CLM. PNG has strengthened its partnerships with UNAIDS, DFAT, GFATM, and the NDoH to identify areas of collaboration and support that can be covered through their respective streams of funding to maximize available resources and avoid duplication of effort while ensuring coverage of high-quality person-centered HIV services. This support includes coverage of TA plans to two other provinces.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

Country teams will report on their PASIT investment strategy, addressing the following points:

PEPFAR PNG's ROP23 Strategy

PEPFAR PNG's strategic plan is aligned to PEPFAR''s 5x3 strategy with specific activities aligned with each of the 5 pillars.

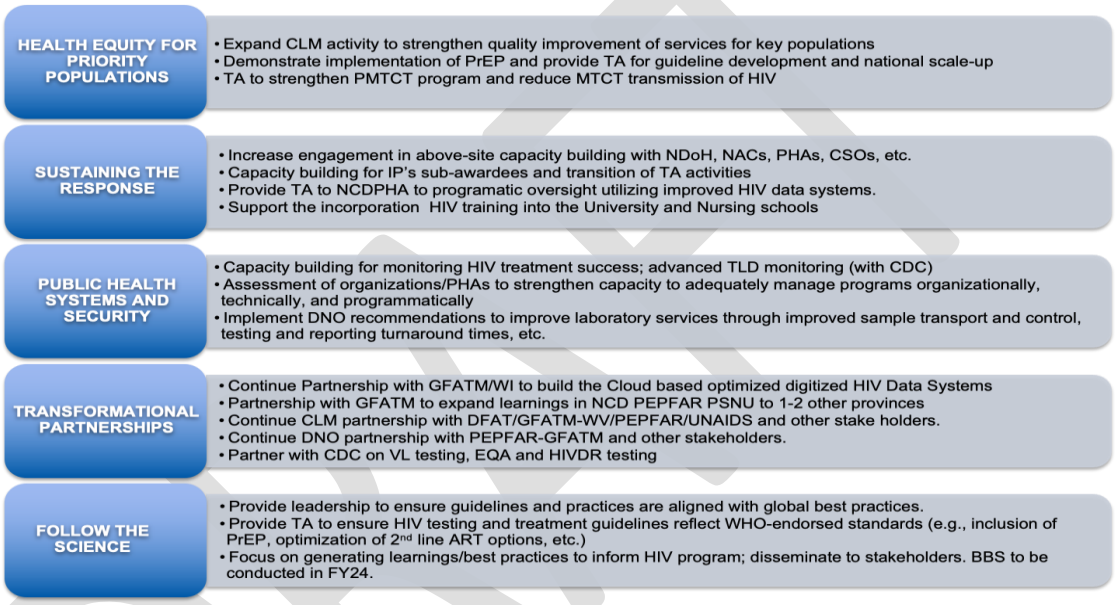


Figure 38: Summary of PEPFAR PNG's ROP23 Strategy

PEPFAR PNG has embraced PEPFARs 5x3 strategy and aligned our activities in the PASIT accordingly. The rationale used to identify activities is based on legacy work, in country capacity and resources to strategically make progress in addressing the gaps in moving PNG towards sustained epidemic control.

Systems gaps identified:

- Low capacity of government and CSO's hence a focus on capacity building.
- Key data gaps (including outdated IBBS data) identified in the country hence developing and strengthening data systems is a key activity.
- Low VLC hence work on implementing DNO recommendations included.

- Increasing new HIV infections is a worry so work on PrEP implementation and TA to improve PMTCT service uptake.
- IIT is an ongoing issue hence enhancing strategies and expanding nationally strategies that work is an important activity in FY24.
- Guidelines need updating hence a focus updating guidelines.

PEPFAR has been able to leverage partner investment working closely with GFATM in the areas of developing HIV data systems and scaling up VL testing through the DNO activity. This is done under the leadership of the National Department of Health. Understanding the desire of NDoH to scale up learnings in the National Capital District with the progress across the cascade, PEPFAR will leverage GFA6TM resources to expand the learnings in PEPFAR PSNU National Capital District. All activities are outlined in PASIT with precise deliverables and timelines.

PEPFARs investment in improving the HIV Information System, especially the digital health investments, is a strength of PEPFARs investment. At site level, PEPFAR is digitizing and optimizing functionality of NDoH data collection tools and also data analysis and utilization. The focus of PEPFARs above site systems investment is to build the systems, and build capacity of the government to utilize systems, especially laboratory and data systems to adequately manage and drive the HIV program to reach sustained epidemic control.

APPENDIX D – Optional Visuals

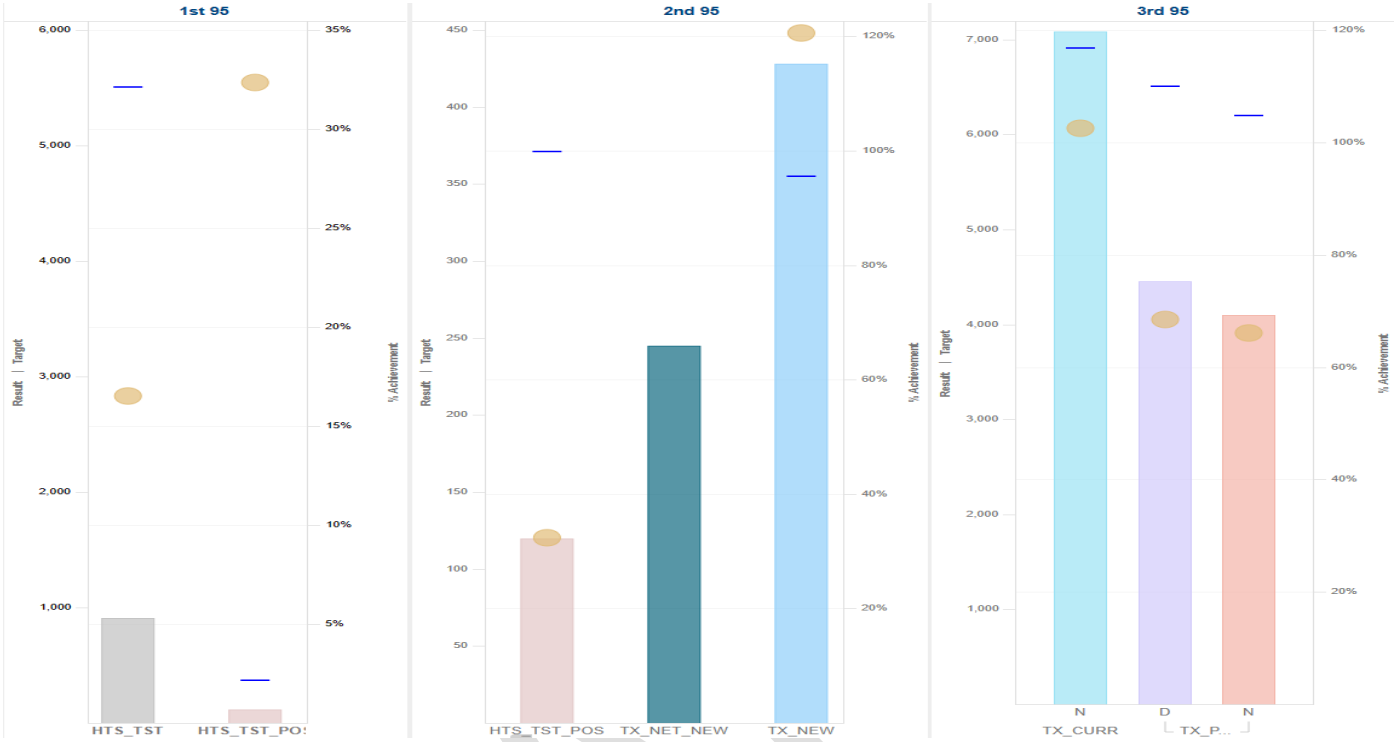


Figure 39: Overview of 95/95/95 Cascade, FY23, PNG

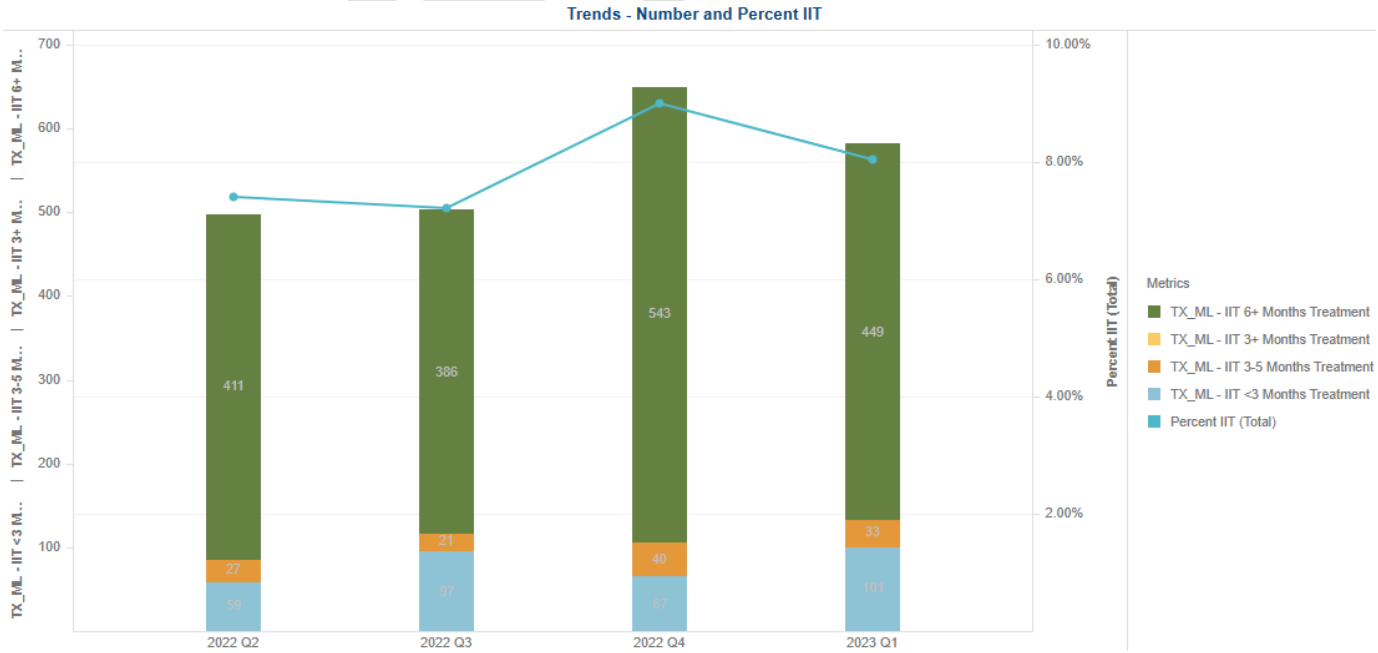


Figure 40: Clients Gained/Lost from ART, FY22 Q2 - FY23 Q1, PNG

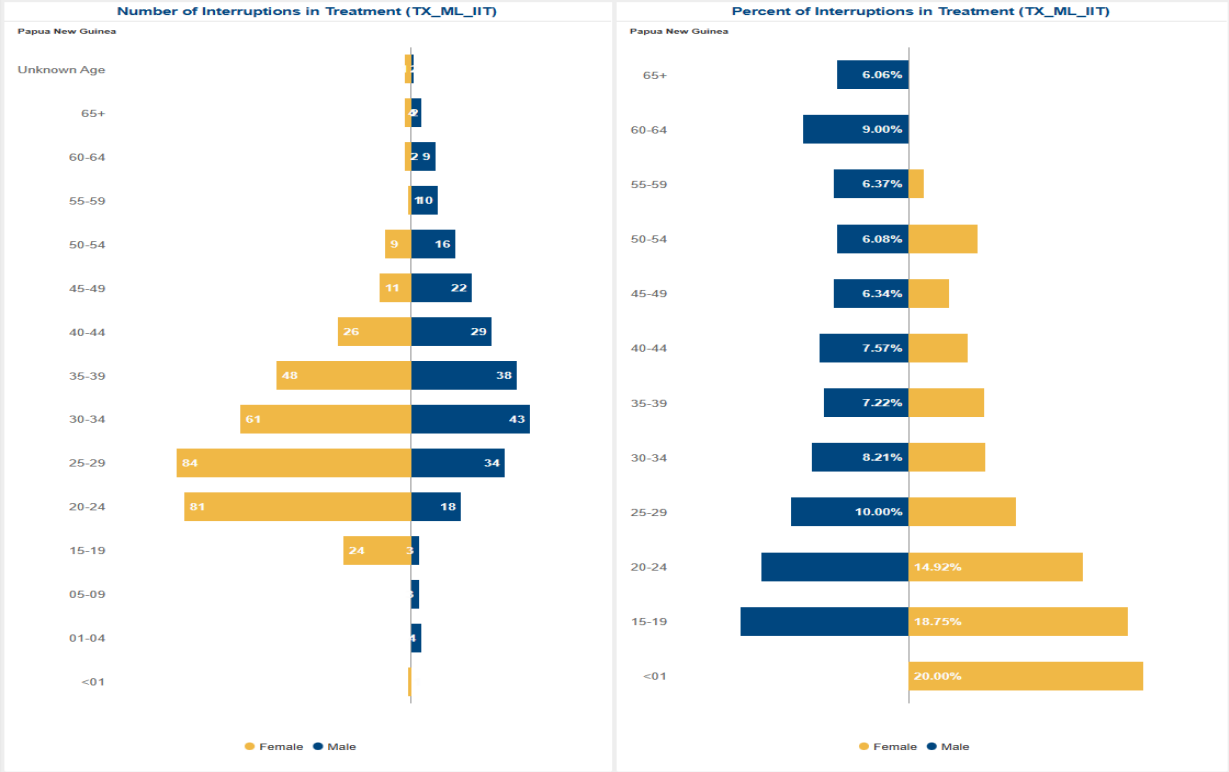


Figure 41: Clients Gained/Lost from ART by Age/Sex, FY22 Q4, PNG

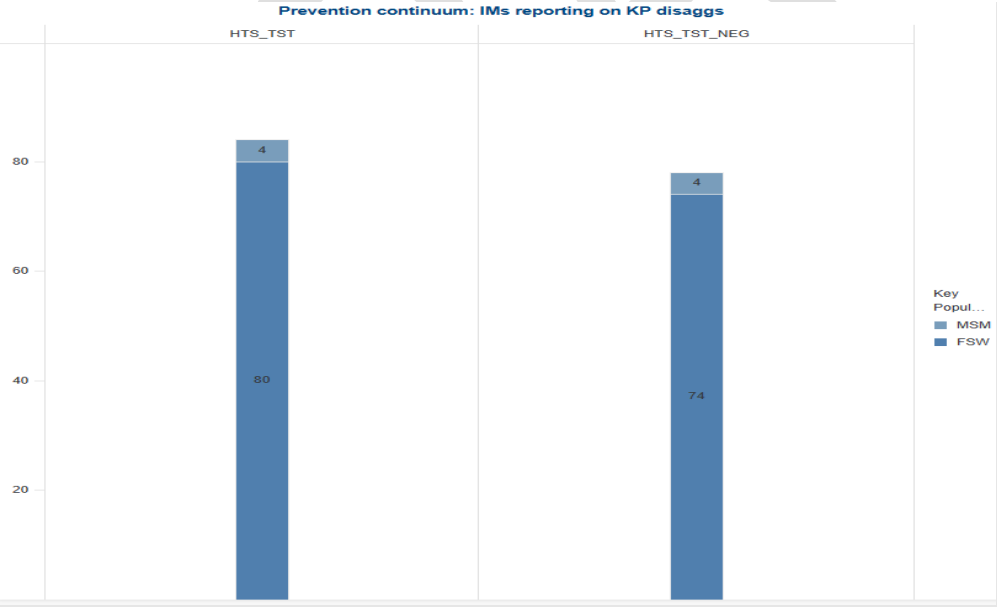


Figure 42: Prevention Continuum by Key Population Group, PNG

PEPFAR Philippines

Vision, Goal Statement, and Executive Summary.

The Philippines, at 65-66-27, will build on achievements to date and continue to target and scale up key HIV prevention and treatment service gaps. Focus will be on public and community sites and select military facilities in the National Capital Region, Central Luzon, CALABARZON, Western and Central Visayas – the five highest burden SNUs in the country. Efforts in ROP23 will advance equity in service provision through tailoring interventions to the most vulnerable communities particularly among young KP groups, while addressing systemic barriers to their care.

As of December 2022, case-finding and treatment outcomes are generally poorer among young KP aged 15-24 at 31-67-18. According to the Department of Health (DOH) HIV/AIDS & ART Registry of the Philippines report, 434 (31%) of newly diagnosed PLHIV in January 2023 were 15-24 years old and 96 (22%) of those people presented with AHD. Disaggregating the cases among children and young KPs, 86 newly reported cases were 19 years old and younger, 79 were 10-19 years old, and 7 were children less than 10 years old. Sexual contact, mostly male-to-male, is the primary mode of transmission for those aged 15-24 years old. Young KPs under 18 require parental consent or proxy parental consent through a social worker to start PrEP or HIV treatment. Moreover, the 2015 VAC study highlights the disproportionate burden of violence experienced by young LGBTQI+ compared to heterosexual males and females. This is corroborated by the 2018 IHBSS which found that 23% of young MSM respondents were forced to have sex at some point in their lives. Our ROP23 approach intends to intensify case-finding efforts among adolescents and to prioritize quality services for young KPs.

PEPFAR Philippines will increase case-finding through implementation of targeted approaches, including index testing, community-based screening, EPOA, and social networking strategies. Strategies such as online outreach and use of social media influencers to appeal to young KP are high priorities based on young KP consultation.

Efforts to expedite confirmatory testing and improve linkage to treatment will support the expansion and accreditation of the rapid HIV diagnostic algorithm (rHIVda) in selected sites. Building on lessons learned during the COVID pandemic, PEPFAR will continue to expand on and institutionalize DSD, including the use of courier services, promotion of six-month ART dispensing and the use of online platforms for telehealth. PEPFAR will support return-to-care and treatment adherence through implementation of person-centered case management to holistically address the varied health concerns of clients, including trans and mental health.

Enhancing and scaling-up trans health programming will leverage the recently formed Philippine Professional Association for Transgender Health.

VL testing coverage is very low in the Philippines with only 27 percent of PLHIV being virally suppressed. In ROP23, the Philippine team will use inputs from the laboratory optimization assessment to be undertaken in ROP22 to expand the use of the GeneXpert platform and increase efficiencies in laboratory network VL testing. We will explore leveraging laboratory investments made by the DOH during the COVID-19 pandemic for use in HIV VL testing to maximize investments and impact. PEPFAR will engage community partners to generate demand and facilitate VL testing uptake. The unstable supply of VL cartridges due to procurement and supply chain barriers is a main barrier to VLS targets. The USG-donated VL cartridges in ROP21 will provide a bridging supply as the PEPFAR program assists the Philippines DOH in addressing procurement and supply chain related challenges.

Building on the momentum of community-led PrEP delivery, PEPFAR will maintain distribution and demand generation, strengthen public sector PrEP dispensing, and support policy changes to include the task shifting towards community provision of PrEP. Support for CQI via clinical mentoring/coaching, medical case management, psychosocial assessment, and the effective use of data for decision-making – including CLM inputs – will cut across the prevention and treatment cascade.

Apart from input to CQI, PEPFAR CLM will complement DFAT, UNAIDS, and GFATM efforts to promote health system accountability and responsiveness. It will enhance community capacity to manage, analyze, and utilize data from PEPFAR-supported CLM platforms to engage and co-create solutions to persistent problems in collaboration with sites, local governments, and the DOH.

In line with the planning level letter directives, efforts at the above-site level will focus on quality improvement, expansion of rapid treatment initiation and VLC, the transition to domestic procurement of TLD, PrEP and VL cartridges, and building sustainability. The Philippines will leverage regional resources to build CSO capacity for community-based services with specific inputs on gender-affirming care, SDART expansion, and DSD for KP including PrEP.

The Philippines Sustainable Development Goal for HIV is to reduce the number of people newly infected with HIV per 1,000 uninfected population to zero as a long-term objective. Latest available estimates indicate 26,700 new infections in 2024 alone, signaling the urgent need to fast-track key interventions to strengthen the country's prevention, care, and treatment program.

The program's activities to support targeted case detection, SDART, aggressive TLD transition, and expanded PrEP provision and VLC are detailed further in the SDS.

Table 67: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Philippines*

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*, Philippines										
Epidemiologic Data					**HIV Treatment and Viral Suppression**			**HIV Testing and Linkage to ART Within the Last Year**		
	Total Population Size Estimate (#) [1]	**HIV Prevalence (%) [1]**	**Estimated Total PLHIV (#) [1]**	**PLHIV Diagnosed (#) [2]**	**On ART (#)[2]**	**ART Coverage (%)[2]**	**Viral Suppression (%)[2]**	**Tested for HIV (#)[2]**	**Diagnosed HIV Positive (#)[2]**	**Initiated on ART (#)[2]**
Total population	113,372,500	0.14%	158,500	102,931	67,998	66%	27%	N/A	14,970	11,472
Population <15 years	33,303,400	0.00%	900	220	172	78%	28%	N/A	46	34
Men 15-24 years	10,870,600	0.32%	34,400	11,176	7,642	68%	18%	N/A	4,291	3,377
Men 25+ years	28,951,500	0.39%	112,500	85,845	57,736	67%	28%	N/A	9,936	7,590
Women 15-24 years	10,312,400	0.03%	3,100	619	304	49%	12%	N/A	210	139
Women 25+ years	29,934,500	0.02%	7,400	5,008	2,144	43%	26%	N/A	487	332
MSM	903,200	13.93%	122,900	84,825	58,071	68%	27%	N/A	12,973	10,179
FSW	88,100	0.07%	<100	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PWID	8,000	38.40%	3,000	2,289	553	24%	24%	N/A	95	72

Sources:
[1] HIV, AIDS, and ART Registry of the Philippines, Department of Health Epidemiology Bureau, December 2022
[2] AIDS Epidemic Model–- Spectrum, Department of Health Epidemiology Bureau, May 2022
ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)
Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART)

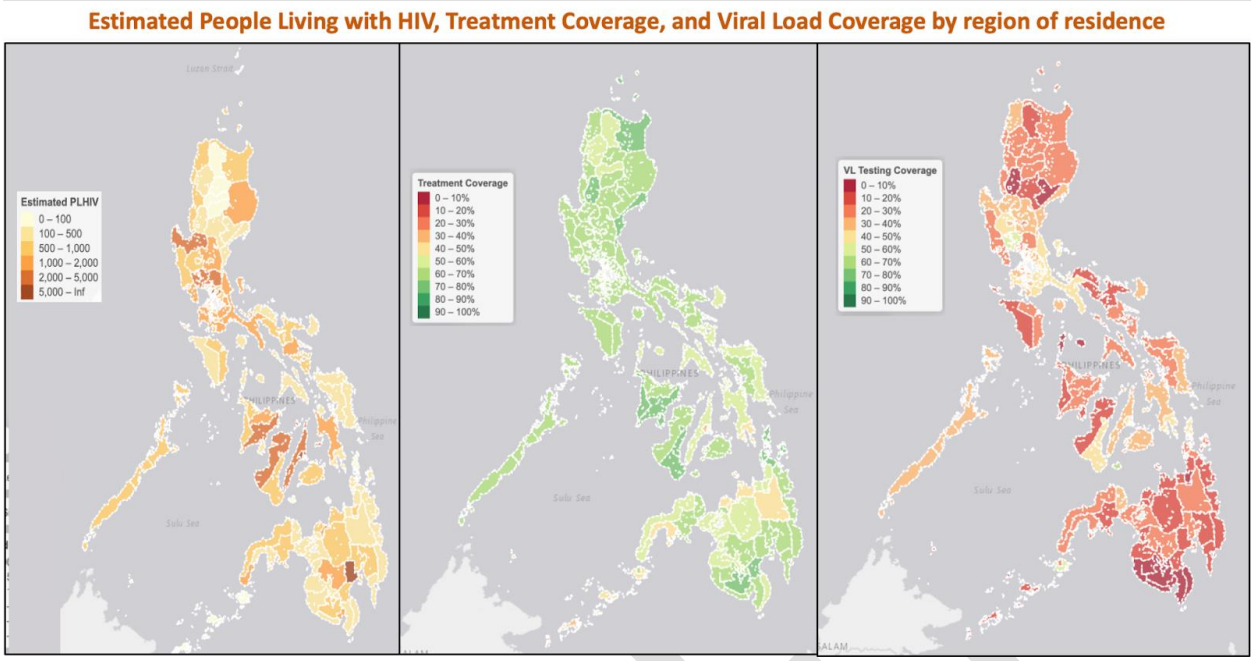


Figure 43: Map of Percent PLHIV by SNU, total PLHIV by SNU, coverage of total PLHIV with ART, and viral load coverage by SNU, Philippines

Source: HIV, AIDS, and ART Registry of the Philippines, Department of Health-Epidemiology Bureau, December 2022

Table 68: Current Status of ART Saturation, Philippines

Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Scale-up: Aggressive	88,269/55%	33,060	1	1
Total National	88,269/55%	33,060	1	1

Pillar 1: Health Equity for Priority Populations

In ROP23 PEPFAR Philippines will focus efforts to support evidence-based, equitable, people-centered, and gender-affirming HIV prevention and treatment services to groups at highest risk of HIV infection. Building upon the previous year's implementation, PEPFAR Philippines will close gaps in KP prevention and treatment services through evidence-based, tailored programming implemented by KP-led CBOs. Interventions to build KP-competent counseling and clinical skills will expand to target public sector providers and further reduce provider S&D.

PEPFAR Philippines will develop specific strategies to reach underserved KP with differentiated prevention, testing and treatment services, including TG communities, where gaps persist in case-finding, linkage to treatment and PrEP initiation. PEPFAR will support GFATM-led efforts to develop and implement comprehensive trans health service packages. PEPFAR Philippines will advocate local government units to establish dedicated trans health service delivery clinics within public sector sites and will provide TA to build provider capacity in trans-competent care standards. The program will adapt and roll out the Asia Pacific Trans Health and Rights training module which promotes a rights-based approach to empower trans people to know and claim their rights and health professionals to support trans individuals in their care. Trans-focused community-based monitoring tools will also be integrated within PEPFAR Philippines supported CLM activities and online reporting platform.

Given recent statistics highlighting alarming gaps in case-finding and treatment among young KP (15-24), PEPFAR Philippines will intensify programming on multiple fronts to address key areas. Efforts underway in ROP22 will scale further in ROP23 to expand access to confirmatory HIV testing through increasing training and accreditation of new sites, while concurrently addressing long-standing policy barriers. PEPFAR Philippines will disseminate key prevention messaging and stimulate testing demand among young KP utilizing social media influencers, while increasing case-finding through differentiated testing approaches, including HIVST and peer network approaches. PEPFAR Philippines will facilitate the collaboration between CSOs and the Armed Forces of the Philippines (AFP) to establish support groups for KPs within the military, to reduce stigma and eliminate other barriers (i.e., revision of existing AFP policies that contribute to S&D, creating “safe spaces” inside military camps) to make preventive and testing services more accessible to military personnel and their dependents. Through LIFT Equity Funding, PEPFAR Philippines will conduct a holistic review identifying the structural and societal barriers precluding young KP from accessing HIV prevention, testing and treatment services. Following this, PEPFAR will support the establishment of a multisectoral technical working group to advocate for high policy change to improve HIV service access for children and young KP. At the grass roots level, the program will engage young KP-led groups and strengthen their capacity to lead advocacy efforts in line with the technical working group. PEPFAR Philippines will support the proposal of the Office of the Surgeon General to make available HIV testing and counseling services in all recruitment caravans of the AFP and all its military services (Navy, Army, Air Force). As the Philippines prepares to dramatically increase its PrEP targets from 10,000 new clients in ROP22 to 150,000 new clients by 2026, PEPFAR will generate demand for and increase access to PrEP among young KP. PEPFAR will also explore partnerships with

private sector pharmacies to further increase access to PrEP by underserved communities via expanded distribution points.

PEPFAR Philippines is working to address equity challenges through the continuation of the four QI Learning Networks established in FY23 that advance technical knowledge and improved quality of care processes. QI principles will be applied through implementation of the following virtual communities of practice:

- Complex Medical Management
- S&D
- Mental Health, including Gender Affirming Care, and
- Medical Case Management

Continuous measurement, identification of gaps in care and testing changes to implement interventions to improve identified gaps are implemented by participants who are coached independently and in groups by expert QI practitioners.

Pillar 2: Sustaining the Response

The sustainability pillar offers unique opportunities for the Philippines as we structure the services for this growing epidemic of concern within the framework of Universal Healthcare (UHC). Health financing for HIV began with the Outpatient HIV/AIDS Treatment (OHAT) package in 2010. Helping facilities take full advantage of the OHAT package is an important step towards sustainability. Innovative ways of integrating HIV services with primary care services align with DOH priorities. Addressing underlying causes of treatment interruption such as mental health and substance use disorder is a high impact opportunity to integrate HIV care with existing primary care services. UHC integration offers many opportunities to expand the reach and breadth of HIV services, but successful HIV services rely on a stable supply chain of HIV test kits, TLD, and VL cartridges that must be prioritized to reach sustainability and the 95 goals.

PEPFAR Philippines will continue to support the Philippine National Department of Health's (DOH) development of a national quality management plan (NQMP). During ROP22 implementation, along with other USG partners, a landscape analysis will be complete and by the start of ROP23, a technical working group will be established. For ROP23, we will undertake SIMS with the goal of devoting resources to develop a sustainable country driven quality

assurance plan as a part of the national quality management plan. PEPFAR will continue the work started in ROP22, to implement the Peer Partnership Network, a clinical mentorship program focused on CQI to improve patient outcomes. Groups will focus on four topic areas: Advance HIV Disease, Mental Health, S&D and Medical Case Management.

In ROP23, PEFPAR-Philippines will support the Department of Health's establishment of a formal coordinating body that will organize key stakeholders, such as UNAIDS, GFATM, and PEFPAR, for maximum, sustained impact against the HIV epidemic. PEPFAR will work at the national, regional, and local government level to routinely review HIV surveillance data and progress toward targets, identifying challenges and solutions. Support at the national level will focus on the development of a national quality management plan that will include, but not be limited to HIV technical focus. The sustainability vision and road map will be collaboratively developed by PEFPAR-Philippines, the DOH, civil society, GFATM and UNAIDS. It will include decentralized systems of communication and oversight as well as Universal Health Care's life-stage approach. The Philippines is well acquainted with multi-stakeholder projects, having recently completed a similar process for the GFATM application.

PEPFAR will work to develop financial, governance, and management capacity of local organizations to successfully apply to DOH funding opportunities. Support will also be provided to the DOH to develop their internal grants management systems. Through strong partnership between DOH and PEFPAR, multiple policies are being revised to reflect global best practices and stream-lined approaches to care. Support from HQ in negotiations of VL cartridges will aid in the long-term of this vital commodity.

Even more, the Philippines has the fastest growing HIV epidemic in Asia, with most new infections occurring among young KP, specifically, young MSM and TGW. The January 2023 HIV/AIDS & ART Registry of the Philippines reported 1,454 reported cases, of which 444 (31%) were 15-24 years old. Of concern is the median CD4 at enrollment of 208, reflecting years of untreated HIV, indicating a need for improved case-finding. The report indicates 22% (n=96) of the total reported cases have AHD. Mortality is also of significant concern in that of the 39 deaths due to any cause among people diagnosed with HIV, eight (22%) were 15-24 y/o and 22 (56%) were 25-34 y/o at the time of death.

Gaps identified for young KP and TGW include low access to testing, PrEP and non-occupational PEP and a lack of evolving and differentiated gender-affirming services for TG clients. PEPFAR will prioritize combination prevention (PrEP) and case-finding among young

KPs and TGW using evidence-based best practices such as targeted and diversified prevention and testing strategy, and access points for young KP, including HIVST and preparations for the introduction of CAB-LA. PEPFAR is providing intensive TA to the DOH to support policy changes that will radically expand confirmatory testing.

Another issue that affects the Philippines' ability to achieve epidemic control is low treatment optimization influenced by unclear guidance on legacy ART clients, policy, societal and structural barriers to young KP treatment access, as well as an unstable TLD supply to support robust transition. PEPFAR will update and revise policies and guidelines for TLD transition and access to treatment for minors. Provider's capacity will be strengthened on Mental Health (including gender affirming care) and Advance HIV Disease care through continuous quality improvement and enhanced HIV treatment benefit package. In addition, interruptions in treatment will be addressed through case management and peer-peer strategies.

Furthermore, the Philippines is struggling with low VL testing due to the high cost of cartridges and implementation and reporting challenges in VL testing and unoptimized use of the OHAT package of PhilHealth. PEPFAR will facilitate negotiation with manufactures and the national adoption of the DNO findings.

For CY23, the government of the Philippines contributes $15,000,000, which is 42.7% of the country's HIV response. The GFATM, with a contribution of $8,600,000, funds 24.5%, while PEFPAR, with a budget envelope of $11,500,000 is 32.8%. The government of the Philippines funds the majority of commodities costs, and PEFPAR-Philippines supports the procurement and negotiation systems.

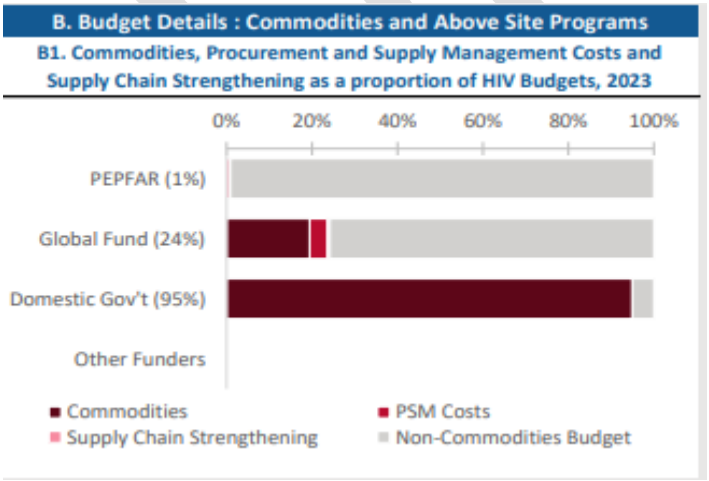


Figure 44: Summary of Commodities and Above Site Programs by Funder, 2023, Philippines

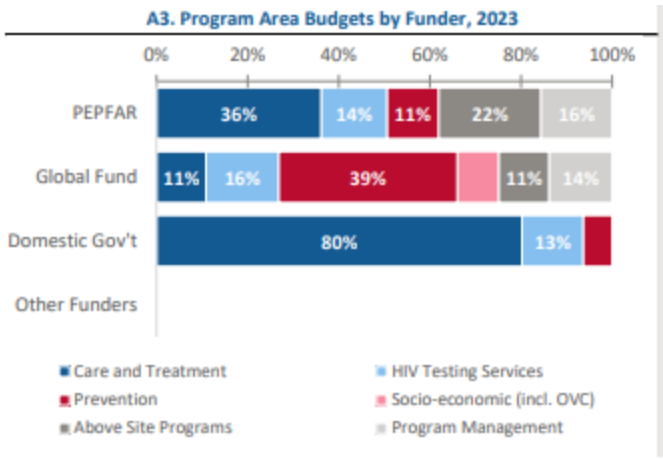


Figure 45: Summary of Program Area Budgets by Funder, 2023, Philippines

While it must be noted that local investments particularly in prevention are not adequately factored into the analysis, Philippine domestic spending on HIV program above site activities and systems is generally inadequate, particularly at the local government level.

The PEPFAR Philippines program will also continue to invest in select systems strengthening activities that underlie high quality HIV service provision. In ROP23 PEPFAR will continue to target key systems activities to address priority gaps. Interventions will include institutionalizing procurement supply chain systems and continuous quality improvement, strengthening laboratory systems, and building capacity for HIV budget planning and advocacy at the local government unit level.

Institutional and organizational development is an area requiring further investment, particularly important for sustaining programmatic progress as management of the HIV response increasingly transitions to local government units and CBOs.

Additionally, the Armed Forces of the Philippines are still currently dependent on the DOH for its HIV commodities and other resources. By end of ROP22, the AFP will have explicitly included HIV targets as a component of the Chief of Staff's Scorecard. The scorecard is an evaluation tool which the Department of Defense uses to measure its performance over a certain period of time. The implication of this inclusion is the guarantee of budgetary support for all the components in that scorecard, including the AFP's revitalized HIV program. And with local government units taking more responsibility in implementing health programs, this ensures the AFP a more stable and continued source of funds for its operational expenses. PEPFAR Philippines will also work with the AFP to ensure inclusion of HIV 101 content in their military

career courses. This includes “manualization” of guidelines, SOPs and HIV information and content which can be accessed at all levels by all AFP personnel and their dependents, especially health care workers.

Notably, the private sector’s responsibility for and investment in HIV-related above-site programs is limited by the absence of robust systems to do so. The Philippine PEPFAR program however recognizes the private sector’s role in further differentiating prevention and treatment services will be critical to achieving epidemic control, thus requiring further engagement and collaboration in the coming ROP year(s).

Pillar 3: Public Health Systems and Security

PEPFAR is aligned with the Philippines Government 7th AIDS Medium Term Plan and is working within the Universal Healthcare Structure defined by DOH to address the life stage approach while also prioritizing the needs of young KPs who are the demographic of greatest concern for ongoing transmission. In ROP22, we expanded HIV surveillance to include recency testing to better understand the transmission patterns in this rapidly emerging epidemic. In ROP23, PEPFAR will apply recency data to programmatic decision making and expand recency to more sites for a more holistic surveillance landscape.

Quality Management Approach and Plan

PEPFAR Philippines will continue to support the Philippine DOH development of a national quality management plan and policy (NQMPP). During ROP22, along with other USG partners, a landscape analysis will be complete and by the start of ROP23, a technical working group will be established. For ROP23, we will undertake SIMS with the goal of devoting resources to develop a sustainable country driven quality assurance plan as a part of the national quality management plan. PEPFAR will continue the work started in ROP22, to implement the Peer Partnership Network, a clinical mentorship program focused on CQI to improve patient outcomes. Groups will focus on four topic areas: Advance HIV Disease, Mental Health (including Gender Affirming Care), S&D and Medical Case Management.

Person-centered care that addresses comorbidities posing a public health threat for PLHIV (Advanced Disease, TB, Hypertension) plus mental health services

PEFPAR-Philippines will support a virtual, peer-led network, Complex Medical Management to improve the management of treatment-experienced patients and those with advanced disease.

Measurements include tracking of VLS and the management of drug resistance, adverse reactions to ART, and the management of multidrug-resistant TB.

The Mental Health peer network seeks to increase mental health screening and Gender Affirming Care integration into HIV care. Measure will include data on screening for common mental health conditions and patient experience.

Supply chain modernization and adequate forecasting

The complexity of the procurement supply chain requires a multi-pronged approach, acknowledging the need for stop-gap measures as systems are strengthened. In ROP22, PEPFAR pivoted to provide more localized assistance to facilitate better supply reporting and monitoring through interim DOH systems. At the same time PEPFAR is providing the DOH technical guidance to improve the quantification of commodities and address barriers in local procurement. These efforts will continue into ROP23.

Laboratory systems (VL, EID, DNO, etc.)

PEPFAR Philippines will contribute to laboratory system strengthening by providing TA and expertise to the National Reference Laboratory and DOH to assist with updating policies, enhancing training, and introducing new testing modalities. During ROP22, PEPFAR introduced recency testing in selected laboratories across regions VI and VII and worked with an implementing partner to design and implement a multi-disease DNO evaluation. The PEPFAR interagency team also partnered with stakeholders such as WHO, UNAIDS, and implementing partners to form a rHIVda technical working group to address policy barriers and other bottlenecks that limit HIV confirmatory testing. For ROP23, we will build on the significant laboratory systems strengthening momentum to increase the number of rHIVda sites, in a quality driven manner, and work collaboratively to minimize regulatory requirements for HIV confirmatory testing. During ROP22 a 30% increase in VLC was seen. Currently there are 42 sites conducting HIV VL testing in the Philippines, with combination of GeneXpert testing sites and limited high throughput conventional testing laboratories. PEPFAR Philippines will use the results of the multi-disease DNO to identify efficiencies to increase access to HIV VL testing for the Philippines nationally. We will explore leveraging laboratory investments made by the DOH during the COVID-19 pandemic for use in HIV VL testing to maximize investments and impact. PEPFAR will also work with DOH at the site level to improve internal processes that limit access to HIV VL testing equipment. We will continue to support multi-disease testing strategies for HIV

VL and TB. We will work with the DOH and stakeholders to provide TA for the implementation and scale-up of access to quality HIV EID testing across the Philippines.

HRH (priorities, national capacity to manage workforce, aligning to government planning, pay and cadres, etc.)

The majority of HRH is funded by the DOH and GFATM, but PEPFAR has contributed some funding towards HRH to complement surge case finding and linkage to care efforts as well as in encoding into the One HIV, AIDS, and STI Information System to support the national surveillance. For sustainability, PEPFAR is advocating with the DOH to embed/enhance HIV peer navigation within the barangay (village/community) health worker program and revisit the human resource needs in treatment facilities to include case managers and encoders, among others. PEPFAR will work with DOH to integrate HIV services into primary care services through HRH cost analysis of pilot integration sites which will serve as centers of excellence. PEPFAR will work with DOH to operationalize HRH task sharing and task shifting policies in the delivery of HIV services. PEPFAR will also work with the AFP, DOH and respective local government units (provincial or highly urbanized areas) to include identified military treatment facilities in their service delivery networks to maximize coverage of services. In relation to this, PEPFAR Philippines will support AFP in ensuring that every AFP Command nationwide has a functional public health unit. These public health units can implement in their respective area of responsibility HIV preventive and promotive programs covering AFP personnel under that Command.

Pillar 4: Transformative Partnerships

PEPFAR Philippines held in-country meetings in the first two weeks of March to introduce the new PEPFAR 5x3 Strategy, which outlines a framework to discuss priorities for the coming year and gives everyone involved the chance to inform the ROP23 development. Collaboration with community organizations, CSOs, and clients/users of services during these country meetings assisted stakeholders in diagnosing and identifying ongoing issues, difficulties, and barriers with service uptake and client outcomes at the site level as well as defining key strategic directions. The teams went over each partner's progress, activities, and complementary roles. To ensure alignment and inclusive planning, PEPFAR teams thoroughly discussed the development of ROP23 plans. They also sought early commitments from others to the ambitious PEPFAR targets and goals. These significant stakeholders understood the significant movements that were made to ensure that KP and PLHIV communities are able to meaningfully engage with the PEPFAR processes to design and support services to address their health and human rights

needs and made specific recommendations for KPs and PLHIV, including building capacity for KP-focused DSD for prevention, care, and treatment, and sustainable organizational development through south-to-south CSO exchanges and targeted regional TA. As an illustration of an in-country engagement, PEPFAR Philippines organized a meeting on the grounds of the US Embassy with all PEPFAR implementing partners to discuss the 5x3 plan, identify areas that require immediate attention, and exchange the most effective strategies already implemented.

During February 13, 2023, PEPFAR Philippines held its Strategic Planning Meetings (SPM) with implementing partners followed by CSOs and DOH. These meetings were designed to facilitate regional exchange on ROP23 strategic direction from countries based on their in-country discussions, discuss the alignment of country approaches and targets with those specified in the Philippines planning level letter and hold discussions with multilateral organizations and CSO networks on their regional strategic direction priorities, as well as perspectives on regional successes and challenges.

During March 23-25, 2022, the ARP held its ROP23 PEPFAR Regional Meetings in Bangkok. These discussions provided another opportunity for key stakeholders to engage in dialogue and develop a shared country-driven understanding with Partner Country Government, multilateral partners, and civil society for ROP 2023 direction. The Bangkok meetings resulted in PEPFAR Philippines prioritizing programmatic shifts in combination prevention and case finding sites among young KP and TG with specific health systems focus on scaling up rHIVda, as well as specific efforts to address low optimization of treatment and VL testing coverage

Moving forward in ROP23, PEPFAR Philippines will maximize the partnerships it has established with key stakeholders, especially the Department of Health and the Armed Forces of the Philippines, to address the persistent challenges in terms of providing access to preventive and testing services among KPs. Acknowledging the ongoing transition within the Department of Health, PEPFAR will adopt a multi-tiered tailored approach to its technical support across sites, subnational DOH offices, and the DOH for ROP23. PEPFAR Philippines will continue to work with SACCL, the National Reference Laboratory and the DOH's Epi Bureau, especially in the efforts to increase local capacity.

PEPFAR Philippines will continue to support the Philippine National Department of Health's (DOH) development of a national quality management plan (NQMP). A landscape analysis will be finished during ROP22 in collaboration with other USG partners, and a technical working

group will be established by the start of ROP23. For ROP23, PEPFAR Philippines will implement SIMS with the intention of allocating funds to create a long-term, nationally driven quality assurance plan as a component of the national quality management plan. PEPFAR will carry on the work begun in ROP22 to put the Peer Partnership Network, a clinical mentorship program centered on CQI to improve patient outcomes, into action. The four topic areas of AHD, mental health, S&D, and medical case management will be the focus of the groups.

For ROP23, PEPFAR will further strengthen its collaboration and resource sharing with the GFATM. PEPFAR will have co-located sites with the GFATM and will be providing the necessary TA to enhance case finding and case management, among others. GFATM on the other hand will provide HRH, drugs, and commodities to include condoms, lubricants, HIV testing kits to include HIVST, and PrEP. This builds on the partnership forged in the previous ROPs that allowed for drug pooling and launch the country's PrEP program.

PEPFAR Philippines supports the effort to formalize a mechanism which allows key stakeholders such as GFATM, UNAIDS, DOH, AFP, and other CSOs to discuss strategies and rationalize sharing of resources. This mechanism will also allow more collaboration among the stakeholders themselves. In particular, more coordination and collaboration between the Department of Health and the Armed Forces of the Philippines, not just in terms of regulation of military treatment facilities but also in health advocacy and promotion, disease surveillance, and service delivery spaces.

Community partnerships will be a key pillar to PEPFAR programming for ROP23. As in previous ROPs, the interagency will meaningfully engage community as it sustains its advocacy for more effective targeted case finding approaches, a more aggressive TLD transition, a fully scaled U=U literacy campaign, and broader VL testing coverage. PEPFAR Philippines will also continue to strengthen partnerships with CBOs, case managers, and peer navigators, who are important stakeholders in keeping the program client centered. PEPFAR will also work in lockstep with the community as it implements preparatory work to introduce CAB-LA in the country.

Pillar 5: Follow the Science

As of December 2022, case-finding and treatment outcomes are generally poorer among young KPs aged 15-24 at 31-71-19. According to the DOH HIV/AIDS & ART Registry of the Philippines report, 434 (31%) of newly diagnosed PLHIV in January 2023 were 15-24 years old and 96 (22%) of those people presented with AHD. Disaggregating the cases among children and

young KPs, 86 newly reported cases were 19 years old and younger, 79 were 10-19 years old, and 7 were children less than 10 years old. Sexual contact, mostly male-to-male, is the primary mode of transmission for those aged 15-24 years old. Young KPs under 18 are required parental consent or proxy parental consent through a social worker to start PrEP or HIV treatment. Moreover, the 2015 VAC study highlights the disproportionate burden of violence experienced by young LGBTQI+ compared to heterosexual males and females. This is corroborated by the 2018 IHBSS which found that 23% of young MSM respondents were forced to have sex at some point in their lives.

PEPFAR Philippines will primarily support KPs including MSM, TG, PWID, and FSW, in Greater Metro Manila (i.e., National Capital Region, Central Luzon, and CALABARZON), Western and Central Visayas, expanding case-finding through safe and ethical index testing, SNS testing, and HIVST, and recency testing. HIV recency testing provides an opportunity for additional surveillance data to inform the public health response to this rapidly expanding epidemic. PEPFAR has strengthened laboratory partnerships and capacity by offering recency training. Recency testing offers a data-driven approach to understand local epidemiology and focus case-finding efforts on populations with disproportionately recent infections.

PEPFAR Philippines will prioritize proven strategies to support linkage and SDART as well as maintain individuals on ART, promote adherence and decrease IIT, and mainstream U=U messaging. Broad strategies will include strengthened person-centered care, TLD expansion, and scale-up of DSD approaches. DSD will occur through MMD expansion, the use of courier delivery services, such as Grab, and use of telehealth platforms.

Strategic Enablers

Community Leadership

With the launch of the country's CLM platform, com.musta, last December and the initial pilot in 5 sites, including a city-wide implementation in Quezon City, the community is carving out more spaces for critical engagement and co-creation of solutions to persistent problems in HIV service delivery. Quezon City has optimized its service delivery network structure to be a platform to include stock-taking of CLM findings, making CLM a critical component of the city's CQI program for its public sector HIV sites. For ROP23, PEPFAR will continue to support CLM,

through the wider roll-out of the system and the establishment of more structures in local governments to deliberate on CLM data.

The ROP23 planning merely continued ongoing conversations and consultations with the community. PEPFAR's advocacy in the Philippines has from the beginning hinged on the power and influence of a strong civil society. Proof of this is the successful advocacy of the community in increasing the DOH's procurement of TLD for CY2023, which PEPFAR supported in ROP21. Members of the Network+ (network of PLHIV), Dangal (network of MSM and TGW), IDUCare (PWID organization), and LoveYourself (community service provider) comprised the community delegation in the ROP23 Meeting in Bangkok. The community delegation highlighted the urgency of focusing on young KP, the need to invigorate trans health programming, the clamor for more biomedical prevention options such as CAB-LA, and capacity building for community organizations to include advocacy apart from service delivery input.

The programmatic focus on young KP underscored how critical it will be for PEPFAR to establish more robust young KP networks to allow them to better shape and design interventions intended for them. As an initial step, a consultation attended by 52 participants, was conducted on May 3, 2023, that elicited best practices and ongoing efforts from young KP organizations across the country. The interagency's approved LIFT UP Equity proposal will be focusing on expanding this network of organizations and facilitating support from other partners particularly for those outside the regions where PEPFAR operates.

Furthermore, ROP23 CLM implementation of the Philippines will sustain efforts towards the achievement of the country's CLM vision through its online platform, "commusta.ph.org" to collect CLM data composed of service delivery, investment, policy, and S&D monitoring modules. ROP23 CLM activities will continue to support the capacity-building of the consortium to manage the CLM platform and the development of a CLM communication plan to translate the CLM data into action.

Moreover, the multi-sectoral Philippine National AIDS Council, where civil society is adequately represented, will be engaged to strengthen community engagement.

Innovation

Since ROP21, PEPFAR Philippines has been working to infuse innovations into the country's prevention, testing, and treatment arsenal. This will continue into ROP23 where the program will continue to scale up PrEP and targeted testing modalities (e.g., HIVST, SSNT, index testing), assist the country in achieving a more aggressive transition to TLD, and expand VL testing

coverage. Backed by strong clamor from the community, in ROP23, PEPFAR will initiate consultations and preparatory work to introduce CAB-LA in the Philippines.

Concurrently, PEPFAR Philippines leverages the innovative DOH PhilHealth package to cover HIV services and is working with DOH to expand the services covered by the PhilHealth HIV package (OHAT). PEPFAR is also forging partnerships with local government units to explore alternative financing for HIV services.

Leading with Data

PEPFAR Philippines is supporting the systematic use of facility level data to enable service and patient care quality improvement that is actionable and evaluative. Through PEPFAR Philippines support, dashboard development is currently being undertaken and will provide access to de-identified aggregate patient level data at the regional, provincial, municipal and facility level data. This level of data access will reduce the need for parallel data systems and will facilitate and empower facility level staff to ascertain HIV cascade attainment and to promote interventions to alleviate bottlenecks for example in the timely provision of rHIVda results and linkage to treatment. With facility level dashboards, clinicians and other health care workers will be able to monitor VL in order to understand the patients' response to treatment or to identify groups of patient who may need treatment adherence support.

Moreover, the Philippines' LIFT Up Equity proposal illustrates how the interagency is leading with data to address young KP challenges and barriers to accessing facility and community-based HIV and other relevant health services. We proposed a two-pronged approach to intensify case-finding efforts among children and adolescents and to prioritize quality services for young KPs. The first approach will be informed by a holistic review of existing data sources and policies pertaining to access to HIV testing and services, sexual exploitation of children, and adolescent and young KP-friendly medical and community-based services. Granular data review of young KP engagement at all points of the cascade for each PEPFAR site will be a cornerstone of this approach to enable a multisectoral technical working group to advocate for high impact policy change to improve HIV services access for children and young KP and to remove case-finding barriers in these populations. Secondly, we will amplify youth voices by (1) strengthening young KP-led groups to lead advocacy efforts and inform agile social and behavioral change communication and (2) harnessing big data (i.e., qualitative data on young KP experiences in accessing services from social media platforms) as input to the development of effective SBCC messages and the country's CLM system, com.musta.

Target Tables

Table 69: ART Targets by Prioritization for Epidemic Control, Philippines

ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) *TX_CURR***	**Newly Initiated Target (FY24) *TX_NEW***	**ART Coverage (FY24)**
Scale-Up Aggressive	88,269	26,800	32,134	48,630	6,538	55.1%
Total	88,269	26,800	32,134	48,630	6,538	55.1%

Table 70: Target Populations for Prevention Interventions to Facilitate Epidemic Control, Philippines

Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target**
KP_PREV (MSM and trans women)	903,200	13.93%	78,002
TOTAL	903,200	13.93%	78,002

*Source: Spectrum Estimates

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to HIVST**.
    - ❖ New HIV Testing guidelines adopted which include index testing, but training has not yet begun. PEPFAR will contribute capacity building opportunities – to commence in ROP22 – for front line staff to be properly trained on the roll out of Index Testing based on PEPFAR's Guidance on Implementing Safe and Ethical Index Testing (SEIT)[1], as well as meet WHO's 5Cs minimum standards (consent, counseling, confidentiality, correct test results, and connection to appropriate HIV prevention and treatment services).
    - ❖ In ROP23, PEPFAR Philippines will support the roll-out of the new HIV Testing Guidelines which will ensure increased quality of index testing in PEPFAR-supported facilities as well as providing TA to donors, government partners, and other stakeholders to ensure this case-finding strategy can be implemented with the highest ethical and confidentiality standards. However, PEPFAR Philippines

remains cautious of intensive focus on reaching index testing targets KPs face an increased risk of violence, thus requiring high-quality and full confidential services of which some facilities are not physically able to accommodate.

- ROP23 will also build on initial work to explore differentiated delivery of HIVST kits through the private sector. The effort will aim to improve access to HIVST among clients averse to facility-based HIV testing and clients refilling for PrEP. Learnings from the pilot implementation will be used to refine and expand the country's HIVST program in coordination with the DOH and the GFATM.

2. **Fully implement "test-and-start" policies.**
    - PEPFAR has identified inconsistencies in implementation of test-and-start. Challenges reflect local interpretation of the guidelines and barriers with eligibility for PhilHealth reimbursement as well as inconsistent implementation of the latest national treatment guidelines – specific to baseline testing – that particularly impact clients from lower economic quintiles.
    - PEPFAR is providing technical review of existing treatment guidelines to encourage consistent implementation across sites. PEPFAR is also advocating to relax PhilHealth-related eligibility requirements for treatment initiation. PEPFAR will continue to identify implementation inconsistencies and barriers to test-and-start practices. Work at the regional level is focused on sharing best practices and tracking adherence to the national policy on test-and-start.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**
    - With PEPFAR support, the DOH surpassed its target of 10,000 new clients enrolled into PrEP by 2022. PEPFAR sites contributed 81% or 12,918 of this accomplishment. Over the next three years, the country has set an ambitious target of reaching 150,000 new clients on PrEP. With the inclusion of PrEP into the National Formulary which PEPFAR supported in 2021, the DOH has started procuring for CY 2023 and has committed to procure half of the needed commodities and has requested GFATM to cover the remainder to achieve the goal for 2024-2026.
    - Apart from ensuring adequate supply, achieving the target will require revisions to the interim PrEP guidelines in place and enhanced differentiated delivery to broaden access. The policy amendment is currently being led by WHO Philippines with inputs from PEPFAR Philippines to adopt the 2022 WHO

recommendations (e.g., the optional measurement of kidney function among prospective users aged 30 years and the use of HIVST for client monitoring).

- ❖ Implementation from March 2021 signals the relative strength of community providers in distributing PrEP contributing over 82% of the total enrolled clients. This presents an opportunity to expand access by further differentiating PrEP delivery through non-facility-based pop-up PrEP initiatives, MMD as stipulated in the existing guidelines, and courier delivery. PEPFAR Philippines will explore partnerships with private pharmacies to decongest and unburden community providers of supply chain management considerations especially for PrEP refilling. Moreover, PEPFAR Philippines will provide TA to the public sector primary care HIV sites and facilitate greater uptake through these channels. Advocacy with the DOH for the development and adoption of non-occupational post-exposure prophylaxis will also continue in ROP23.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment.**
   - ❖ This is not applicable to PEPFAR Philippines.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
   - ❖ The DOH funds almost 100 percent of ART procurement and is expected to remain the primary funding source for drug procurement – making ARVs free in the country. The DOH has also started procuring PrEP in CY22, thereby sustaining the availability of free PrEP following the pooled PrEP procurement of PEPFAR and the GFATM in ROP21 to ROP22.
   - ❖ The national health insurance, PhilHealth, currently only has the OHAT and none for prevention and testing. The OHAT has an annual capitation of PHP30,000 (~$540) and is meant to cover treatment and care services. Unoptimized utilization of OHAT reimbursements and inefficiencies in claims processing result in out-of-pocket costs due to non-coverage of treatment for opportunistic infections.
   - ❖ While no prevention and testing package is currently available to cover the cost testing, free PrEP and testing continue to be available in public sector sites through national and local government procurement, augmented by the GFATM.

- ❖ Through the American Rescue Plan Act – Emergency Commodity Fund, PEPFAR Philippines responded to the Philippine Government's urgent request for assistance by procuring VL testing kits sufficient to cover the national need.
- ❖ As in ROP21 and ROP22, PEPFAR will not procure commodities in ROP23 to support the DOH. Instead, the program will provide TA to facilitate the transition to domestic procurement of TLD, PrEP and VL cartridges by addressing persistent supply chain bottlenecks and establishing sustainable pooled procurement mechanisms.
- ❖ PEPFAR will also continue its above site support to advocate for the expansion of PhilHealth packages for prevention and testing alongside local budget advocacy that will complement the work of UNAIDS with DFAT support.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity.**
   - ❖ The Philippines has a complex legal framework that protects PLHIV from S&D. However, addressing gaps in awareness and understanding of the protections enshrined in the HIV/AIDS Act of 2018 will be critical to realize the vision of the law. In ROP23, PEPFAR Philippines will broaden PLHIV-oriented campaigns to include PLHIV rights messaging along with treatment literacy and U=U. Moreover, to assist clients wishing to seek redress, promotion of com.musta will also emphasize the S&D module to enhance data on S&D experienced by PLHIV
   - ❖ Alternative case-finding and testing strategies, such as HIVST and SNS, will be pursued to increase KP access. However, it is important to note that safeguards against discrimination stipulated in the HIV/AIDS Act of 2018 also create potential barriers to access to services. The policy penalizes providers in cases of involuntary disclosure of HIV status. Although this policy does not preclude eliciting contacts, it has induced extreme caution around index testing among KPs in particular. Dialogue with stakeholders will be necessary to clarify and nuance this – underscoring that safe and ethical index testing training will include provider screenings for intimate partner violence and will ensure appropriate elicitation of contact information.
   - ❖ The previous administration's drug war and the punitive drug policies still in place significantly stalled progress in programming among PWID. In ROP23, PEPFAR Philippines will identify opportunities to reinvigorate evidence-based interventions for PWID through above-site level advocacy. It will draw from regional examples

of evidence-based medication-assisted treatment strategies to expand services to PWID.

- ❖ Additionally, internalized and/or anticipated stigma prevents timely access to care and treatment services among PLHIV and MSM. In ROP23, PEPFAR will continue implementation of person-centered, KP competent case management training for providers. This will be complemented by the inclusion of stigma reduction into the broad PEPFAR-developed U=U and TLD campaign that the DOH has adopted. PEPFAR will also institutionalize capacity building to reduce S&D in standard military training curricula.
- ❖ PEPFAR will conduct a qualitative assessment of quality of HIV care to be triangulated with CLM data. These will inform stigma reduction QI activities that focus on KPs, using the existing Southeast Asia Stigma Reduction QI Learning Network. Aligning activities with identified PEPFAR priorities, the network will be augmented to include community-based providers. PEPFAR will provide mentoring to include CLM data on stigma into QI plans.

7. **Optimize and standardize ART regimens.**

- ❖ PEPFAR Philippines will prioritize all aspects of TLD transition including ensuring adequate supply chain forecasting for TLD and expansion of the current transition plan to include stable clients on legacy ART regimens. PEPFAR will also implement strategies to maintain individuals on ART, promote adherence and decrease IIT. Strategies will include strengthened person-centered care, TLD expansion, and scale-up of DSD approaches. PEPFAR will promote return-to-care strategies for lost-to-follow-up PLHIV and support improved treatment adherence through case management. Support will be provided for the expansion of VL testing access and coverage via POC or near-POC testing platforms to PLHIV in all PEPFAR supported regions.

8. **Offer DSD models.**

- ❖ Treatment interruption is one of the highest in the Asia region, with 9 out of the 10 facilities with the greatest number of lost to follow-up cases in the National Capital Region (range: 66-935, FY22 Q1 MER data). When considering the proportion of total caseload however, public sector sites receiving TA support across the three highest burden regions saw the highest levels of treatment interruption. Differences across site type (DSD vs TA) in terms of age profile of

the predominantly MSM-PLHIV cohort were noted. To improve linkage to treatment, PEPFAR will expand implementation of same-day and rapid ART initiation through rHIVda confirmatory testing expansion at the site level and support for ART baseline labs. PEPFAR will improve treatment continuity through expansion of differentiated ART delivery, expanded TLD transition and strengthened person-centered case management systems to address the holistic health concerns of clients, including gender-affirming care for trans women. DSD will occur through MMD expansion, the use of courier delivery services, such as Grab, and use of telehealth platforms. CLM input from PLHIV will identify structural causes of treatment interruption through reporting of S&D, quality concerns, and patient satisfaction.

9. **Integrate TB care.**

- Routinely screen all PLHIV for TB disease. Standardized symptom screen alone is not sufficient for TB screening among PLHIV and should be complemented with more-sensitive and setting-specific, WHO-recommended screening tools. Ensure all PLHIV who screen positive for TB receive molecular WHO-recommended diagnostic and drug susceptibility testing, all those diagnosed with TB disease complete appropriate TB treatment, and all those who screen negative for TB complete TB Preventive Treatment.
- The latest national treatment guidelines released in 2022 includes clear provisions on the screening of clients enrolling into HIV treatment, including the management of co-infection and TB preventive treatment for those with no active TB. The policy is, however, silent on the routine screening of the HIV treatment cohort. The Joint Program Review in August 2022 showed fragmentation between the two programs with referral pathways needing to be strengthened and greater sharing of resources. PEPFAR Philippines will be providing site-level support to ensure stronger TB-HIV integration, aligned with the DOH direction.
- Moreover, with USG support, the country is now preparing to transition to more-sensitive and setting-specific, WHO-recommended screening tools. The GFATM is slated to procure 39,000 LF LAM in the next three years (i.e., 13,001 for Year 1; 12,620 for Year 2; and 13,029 for Year 3. USAID's TB portfolio will be piloting the use of LF LAM among clients initiating HIV treatment in FY24.

10. **Diagnose and treat people with AHD.**

- A quarter of newly diagnosed PLHIV in the Philippines present with AHD but the median CD4 at enrollment of 208 reflects selective testing of people who are symptomatic at time of diagnosis. People starting treatment, re-engaging in treatment after an interruption of ≥ 1 year, or virally unsuppressed for ≥1 year should be evaluated for AHD and have CD4 T cells measured. All children <5 years old who are not stable on effective ART are considered to have AHD. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.
- In ROP22, PEPFAR established the Complex Medical Care network to focus on quality improvement initiatives to promote AHD treatment best practices through a virtual community of practice. In ROP23, PEPFAR will review the treatment guideline language regarding AHD and continue the peer-to-peer network while using data at the facility level to identify opportunities to improve AHD care. The Complex Medical Care Network will highlight the rates of AHD among young KP, and support physicians in the provision of evidence-based care and treatment services for this important population.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections.**
    - In ROP22, PEPFAR is conducting a multi-disease DNO. PEPFAR Philippines will use the results of the multi-disease DNO to identify efficiencies to increase access to HIV VL testing for the Philippines nationally. We will explore leveraging laboratory investments made by the DOH during the COVID-19 pandemic for use in HIV VL testing to maximize investments and impact. PEPFAR will also work with DOH at the site level to improve internal processes that limit access to HIV VL testing equipment. We will continue to support multi-disease testing strategies for HIV VL and TB.

12. **Integrate effective QA and CQI practices into site and program management.**
    - The government of the Philippines supports quality of service delivery, as demonstrated by the Undersecretaries agreeing to Quality Improvement, and the establishment of quality structures within government organizations. Notably, the quality management system is certified by the International Organization for Standards. Further the armed forces have two quality assurance systems.
    - While accreditation is largely the focus of active government systems, there are challenges in QI implementation. At the site level, QI is currently driven by incident management and policy and resources. There is no large-scale network

or systems to share challenges to drive change or capture best practices. The DOH hospitals are required to have quality management teams. There is an acknowledgment that Primary Health Clinics need capacity development around QI. There are existing program reviews that routinely take place, which would be an opportunity to utilize QI methodologies. During a PEPFAR Philippines stakeholder discussion on quality, it was noted that site-level recognition on CQI could be useful in building QI energy and staff morale.

- PEPFAR- Philippines will continue to support the DOH development of a national quality management plan and Policy (NQMPP) The NQMPP will support the DOH's plan for implementation of UHC. During ROP22, along with other USG partners, a landscape analysis will be complete. Gaps and opportunities from that landscape analysis will inform PEPFAR's TA to advance the NQMPP. This will include the organization of a technical working group.
- The NQMPP will include QA at the health facility level, systems for continuous quality improvement, and mechanisms for feedback from relevant community members and organizations. Essential systems of communication, data flow and governance structures at the facility, local government unit, the Center for Health Development, and DOH level will be NQMP and its directives.
- For ROP23, we will undertake SIMS with the goal of devoting resources to develop a sustainable country driven quality assurance plan as a part of the national quality management plan. SIMS tools have been the principal standardized QA tool used across PEFPAR supported sites to assess whether sites meet PEPFAR's quality standard.
- PEPFAR Philippines will continue the work started in ROP22, implementing the Peer Partnership Networks. The goal of these networks is to advance technical knowledge and improve quality of care processes through implementation of a learning network/community of practice that applies QI principles. Participants will be coached independently and in groups by expert QI practitioners to apply QI methods including continuous measurement, identification of gaps in care and testing changes to implement interventions to improve these gaps. CLM is used as a data source for QI activities, where applicable. CLM networking will feed into the S&D activities at the site level. groups will focus on four topic areas: Advance HIV Disease, Mental Health, S&D and Medical Case Management.
- Participants in this process will have improved capacity for understanding and implementing CQI process and could become quality champions in their facilities.

In the future, we will continue to expand this model toward broader facility-level CQI. DOH has acknowledged their commitment toward CQI and desire to identify models that do not require significant resources to implement. PEPFAR will continue to collaborate with DOH to build CQI into the existing health care system.

13. **Offer treatment and viral-load literacy.**

- U=U messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers. Existing HIV literacy materials in most areas do not focus on VL literacy or provide an optimistic outlook on living with HIV as a chronic disease. In close coordination with PLHIV community groups, PEPFAR will refine and coordinate messaging across all implementing partners within regions and is working with DOH to update national HIV materials through its campaign, Free to be U.

14. **Enhance local capacity for a sustainable HIV response**

- Public sector funding streams through the DOH, the national health insurance program – PhilHealth – and local governments ensure sustainability of the national response. The ongoing transition with the DOH and its direction towards re-devolution pose has highlighted gaps in sub-national DOH and local government capacity. To enhance program leadership among local actors, PEPFAR will continue its support to the sub-national DOH offices with TA in strategic planning and programming, policy development, and supply chain management. On the other hand, increased focus on community service delivery following the success of the LoveYourself model has exposed the fragility of CSOs, requiring support for organizational development (i.e., finance management, programming, etc.). PEPFAR will also expand its organizational development support to key population groups, to include those led by young KPs. Efforts towards strengthening community systems will be direct support to the DOH and local governments to develop diverse social contracting models for implementation across different settings and contexts. This builds on the DOH policy that allows for direct public sector funding to CSOs for both service delivery and advocacy.

15. **Increase partner government leadership.**

- ❖ Included in the response to Core Standard 14.

16. **Monitor morbidity and mortality outcome.**
    - ❖ PEPFAR is working closely with DOH Epidemiology Bureau to track and understand morbidity and mortality outcomes at the national level. This includes current efforts focused on disaggregating mortality by cause of death through mortality case reviews at the national and regional level with the Centers for Health Development, and possibly identifying issues related to the accurate and timely reporting of deaths. DOH is expanding TB diagnostics by introducing TB LAM. Improving AHD care is a cornerstone of addressing HIV morbidity and mortality.

17. **Adopt and institutionalize best practices for public health case surveillance.**
    - ❖ PEPFAR Philippines supports the DOH Epidemiology Bureau surveillance activities and is working to deliver real-time surveillance data to facilities through the One HIV, AIDS, and STI Information System dashboard. PEPFAR is also improving the deduplication process to strengthen the case-based surveillance. PEPFAR is supporting data analysis for the 2023 IHBSS and introducing new surveillance modalities through recency testing.

USG Operations and Staffing Plan to Achieve Stated Goals

1) The CDC office opening was marked by the arrival of the CDC Country Director in March 2022. By March 2023, CDC office was fully staffed (5 FTEs) including a senior technical advisor (U.S. Direct Hire), a public health administrative support staff (LES), SI advisor (LES) and laboratory advisor (LES).
2) The USAID staffing plan remains the same from ROP22. The current plan includes two Foreign Service Officers (Office of Health Director and Deputy) that combined provide 1 FTE in the oversight of the program and 3 LES positions (3 FTEs), including the HIV Team Lead, Care and Treatment Advisor and SI Advisor.
3) HRSA will continue to support PEPFAR Philippines from headquarters and does not plan to locate any staff in-country on a full-time basis. The agency lead has conducted quarterly visits to support and collaborate with the in-country PEFPAR team, DOH and grantee sub-recipients.

4) The DOD staffing plan will not change in ROP23. There is currently one (1) Program Manager (LES) working with the staff (2 personnel) outsourced locally by the implementing partner Henry Jackson Foundation.
5) The Philippines receives monthly program implementation updates from its field mechanism and convenes bi-weekly meetings to discuss progress and emerging concerns. The process also allows for stock-taking of shifts in the monthly high-frequency reporting and MER data and identification of action steps, as necessary. An interagency mechanism has already been established to discuss areas of convergence once all agencies are operating on the ground.

APPENDIX A – PRIORITIZATION

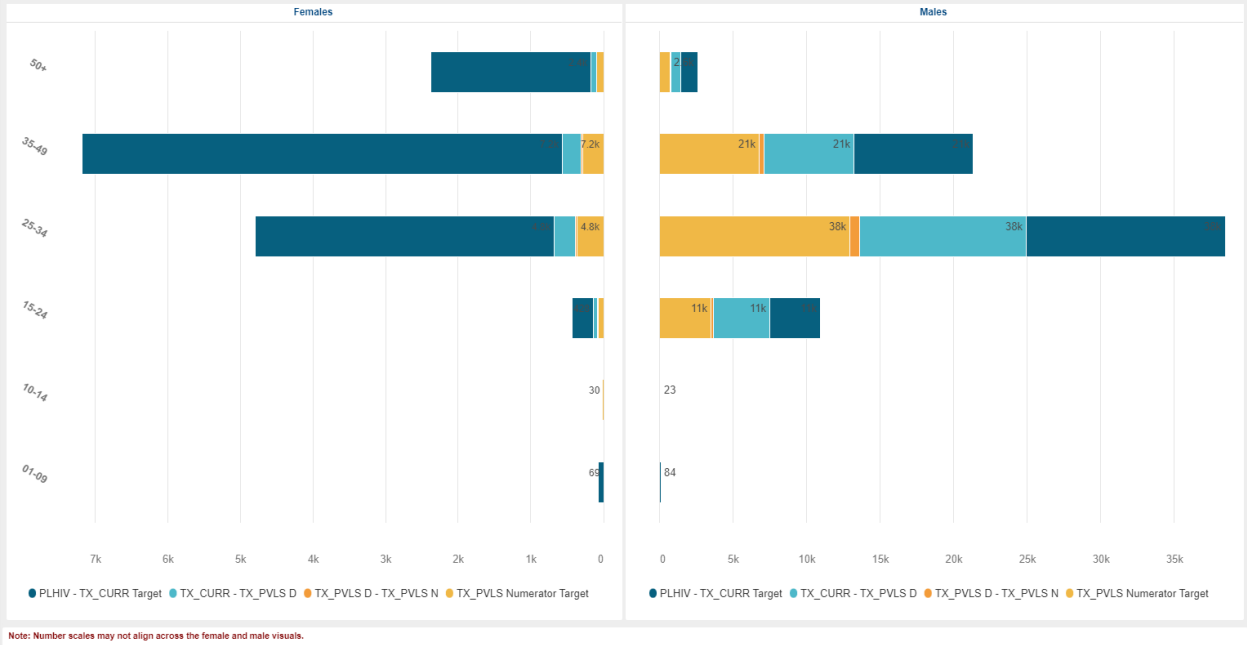


Figure 46: ROP23 Epidemic Cascade Age/Sex Pyramid, Philippines

APPENDIX B – Budget Profile and Resource Projections

Table 71: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention (manually updated extract from PAW with additional LIFT Equity Fund allocation), Philippines

Operating Unit	Country	Intervention	Budget 2023	Budget 2024
Total			**$13,170,000**	**$13,550,000**
Asia Region	**Total**		**$13,170,000**	**$13,550,000**
	Philippines	ASP>HMIS, surveillance, & research>Non-Service Delivery>Non-Targeted Populations	$270,000	$90,000
		ASP>Health Management Information Systems (HMIS)>Non-Service Delivery>Non-Targeted Populations		$50,000
		ASP>Human resources for health>Non-Service Delivery>Military	$5,000	$5,000
		ASP>Laboratory systems strengthening>Non-Service Delivery>Key Populations		$470,000
		ASP>Laboratory systems strengthening>Non-Service Delivery>Non-Targeted Populations	$75,000	
		ASP>Laws, regulations & policy environment>Non-Service Delivery>Military	$10,000	$7,000
		ASP>Management of Disease Control Programs>Non-Service Delivery>Non-Targeted Populations		$585,630
		ASP>Management of Disease Control Programs>Non-Service Delivery>Key Populations		$40,000
		ASP>Procurement & supply chain management>Non-Service Delivery>Non-Targeted Populations	$100,000	$140,000
		ASP>Public financial management strengthening>Non-Service Delivery>Non-Targeted Populations	$165,858	$201,000
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non-Service Delivery>Military		$40,910
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non-Service Delivery>Non-Targeted Populations		$100,000

C&T>HIV Clinical Services>Non-Service Delivery>Key Populations	$84,352	$705,800
C&T>HIV Clinical Services>Non-Service Delivery>Military	$120,000	$50,000
C&T>HIV Clinical Services>Non-Service Delivery>Non-Targeted Populations	$933,325	$1,638,428
C&T>HIV Clinical Services>Service Delivery>Key Populations		$2,014,000
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$2,562,070	
C&T>HIV Laboratory Services>Non-Service Delivery>Military	$100,000	$50,000
C&T>HIV Laboratory Services>Non-Service Delivery>Non-Targeted Populations	$53,014	$110,000
C&T>HIV Laboratory Services>Service Delivery>Key Populations		$64,000
C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$53,014	
C&T>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$245,000	$185,000
HTS>Community-based testing>Non-Service Delivery>Key Populations	$61,238	$90,000
HTS>Community-based testing>Non-Service Delivery>Military	$60,000	$98,000
HTS>Community-based testing>Service Delivery>Key Populations	$20,601	$497,600
HTS>Facility-based testing>Non-Service Delivery>Key Populations		$497,600
HTS>Facility-based testing>Non-Service Delivery>Military	$40,000	$60,000
HTS>Facility-based testing>Non-Service Delivery>Non-Targeted Populations	$61,238	$380,000
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$347,417	
PM>IM Program Management>Non-Service Delivery>Key Populations		$10,000
PM>IM Program Management>Non-Service Delivery>Non-Targeted Populations	$1,801,232	$2,319,010
PM>USG Program Management>Non-Service Delivery>Non-Targeted Populations	$1,633,500	$1,313,165

PREV>Non-Biomedical HIV Prevention>Non-Service Delivery>Key Populations		$126,000
PREV>Non-Biomedical HIV Prevention>Non-Service Delivery>Military	$50,000	$100,000
PREV>Non-Biomedical HIV Prevention>Non-Service Delivery>Non-Targeted Populations		$53,407
PREV>Not Disaggregated>Non-Service Delivery>Non-Targeted Populations	$90,000	
PREV>PrEP>Non-Service Delivery>Key Populations	$97,500	$411,000
PREV>PrEP>Non-Service Delivery>Military	$25,000	$20,000
PREV>PrEP>Service Delivery>Key Populations	$950,500	$917,450
	$3,115,696	

Table 72: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, Philippines

Operating Unit	**Country**		**Budget**	
		Program	**2023**	**2024**
Total			**$13,170,000**	**$13,550,000**
Asia Region	Total		**$13,170,000**	**$13,550,000**
	Philippines	C&T	$4,176,331	$4,817,228
		HTS	$1,667,549	$1,623,200
		PREV	$1,303,555	$1,547,857
		ASP	$2,587,833	$1,919,540
		PM	$3,434,732	$3,642,175

Table 73: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, Philippines

Operating Unit	**Country**		**Budget**	
		Targeted Beneficiary	**2023**	**2024**
Total			**$13,170,000**	**$13,550,000**
Asia Region	**Total**		**$13,170,000**	**$13,550,000**
	Philippines	Key Populations	$1,545,922	$6,143,450

Military	$430,910	$430,910
Non-Targeted Populations	$11,058,168	$6,975,640

Table 74: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, Philippines

Operating Unit	Country		Budget	
		Initiative Name	2023	2024
Total			**$13,170,000**	**$13,550,000**
Asia Region	**Total**		**$13,170,000**	**$13,550,000**
	Philippines	Community-Led Monitoring	$150,000	$150,000
		Core Program	$13,020,000	$13,020,000
		LIFT UP Equity Funds	-	$380,000

APPENDIX C – Above site and Systems Investments from PASIT and SRE

The process and justification for prioritizing the scope for the above site and systems investments were discussed in consultation within the PEPFAR Philippines Interagency space in addition to open forum discussion with the host country government, multilateral stakeholders, and civil society. Identified systems gaps centered on strengthening in the areas of human resources for health, the policy environment, the management of disease control programs, procurement and supply chain management, public financial management, HIS, laboratory systems and the surveillance system. Below please find a summary of activities under these categories.

Human Resources for Health

DoD with AFP will extend the conduct of capability building and technical trainings to the other branches of the Philippine military (Navy, Army, Air Force) including other internal agencies such as the Nursing Corps, Corps of Professors, etc.

HIV related policy environment

CDC will use LIFT-UP funds to support a multisectoral working group to do a landscape analysis of existing policies at the intersection of HIV and violence prevention for YKP

adolescents/children and provide trainings to improve skills of healthcare and social workers in fields that work with YKP.

DoD will continue to provide technical assistance to the ongoing policy review by the AFP in terms of their military doctrine and implementation of their revitalized HIV prevention program through their organized TWG.

Management of disease control programs (USAID and The Health Resources and Services Administration (HRSA))

HRSA will support the DOH in the development of a national quality management plan and strategy, including policies for implementation, that align with the new DOH strategic plan and is consistent with national quality activities.

USAID will expand the conduct of site-level CQI and collaborating, learning, and adapting platforms by providing the systems and tools in alignment with DOH-DPCB direction.

Consistent with the DOH's direction towards integration through health systems strengthening, USAID will provide tailored support to the sub-national DOH offices that addresses the varying levels of managerial and technical needs.

USAID will continue to develop person-centered SBCC strategies and collaterals focused on U=U, TLD adherence, newly introduced testing modalities (SNS, EPOA), TPT and regular TB testing for adoption and scale-up by the Department of Health to the rest of the country

USAID will strengthen YKP-led groups to lead advocacy efforts and inform agile social and behavioral change communication

Harness big data (i.e., qualitative data on YKP experiences in accessing services from social media platforms) as input to SBCC messages and community-led monitoring system

USAID will conduct a series of formative assessments on the feasibility and market demands of CAB-LA through community consultations and engagement

Procurement and Supply Chain Management (USAID)

USAID will support DOH in using appropriate procurement mechanisms for addressing procurement-related bottlenecks for HIV/AIDS commodities

USAID will support DOH and sites in strengthening the distribution and inventory management system for HIV/AIDS commodities

Public Financial Management Strengthening (USAID)

USAID will provide technical guidance for community resource mobilization, strengthen public-civil society partnerships, and facilitate the development of sustainability plans for civil society and community-based groups through the public sector funding streams

USAID will strengthen capacity for local HIV budgeting and optimize existing financing streams (including PhilHealth claims) in selected USG-assisted sites

Laboratory Systems Strengthening

CDC will continue to support laboratory systems strengthening activities. Building upon previous WHO rHIVda scale-up work and the concentrated effort of the rHIVda TWG, WHO will facilitate trainings to expedite rHIVda implementation. Trainings will convene government stakeholders and laboratory facility staff. WHO will also advocate for policy changes and conduct trainings related to the MDNO results from FY23

H**ealth Management Information Systems**

USAID will support the development and roll-out of DOH's One HIV, AIDS, and STI Information System dashboard and further build the capacity of sites to analyze and use SI

Surveys, Surveillance Research and Evaluation

DoD will continue to work with the AFP to avail epidemiologic data in military sub-population for decision-making and quality improvement implementation

Demonstration of pooled HIV Testing for AHI diagnosis with cost benefit analysis and identifying bottlenecks for rHIVda confirmatory testing delivery

APPENDIX D – Optional Visuals

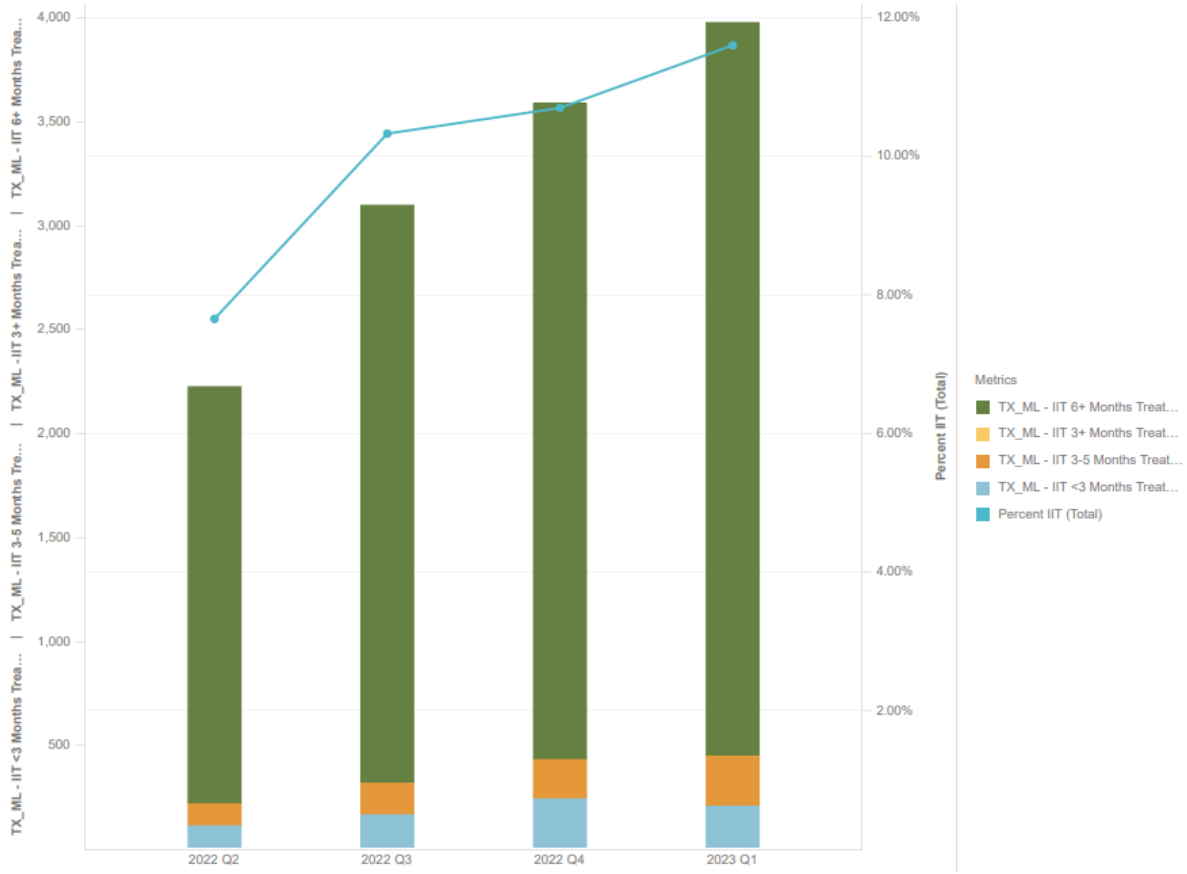


Figure 47: Clients Gained/Lost from ART by Age/Sex, FY22 Q2 – FY23 Q1, Philippines

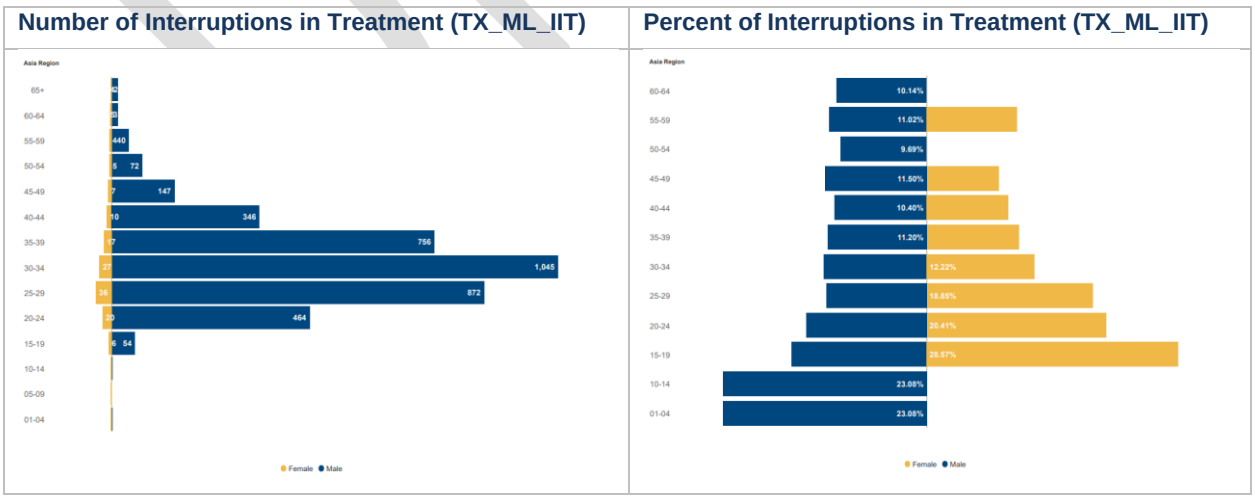


Figure 48: Clients Gained/Lost from ART by Age/Sex, FY22 Q4, Philippines

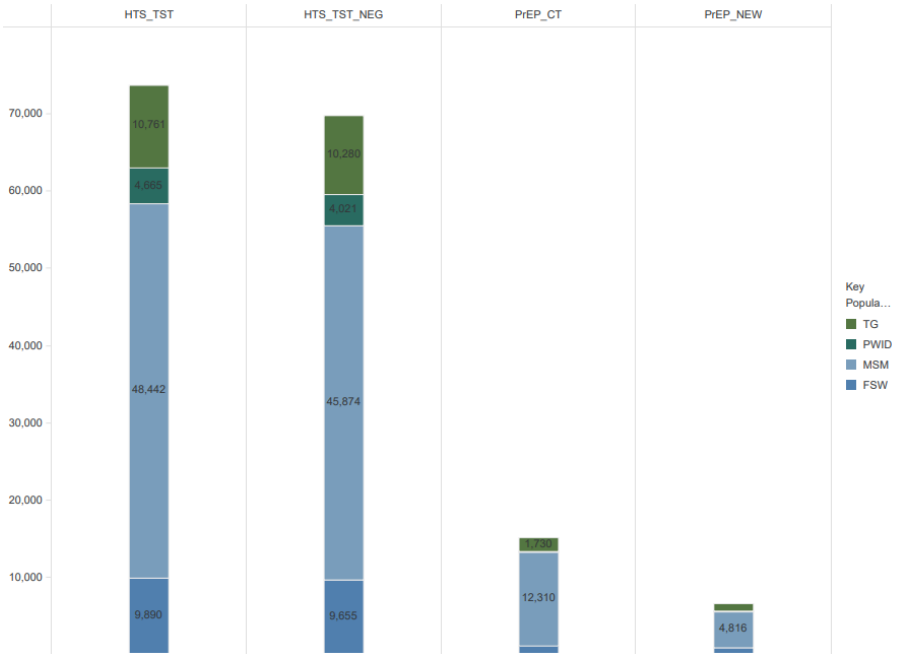


Figure 49: Prevention Continuum by Key Population Group (FY23), Philippines

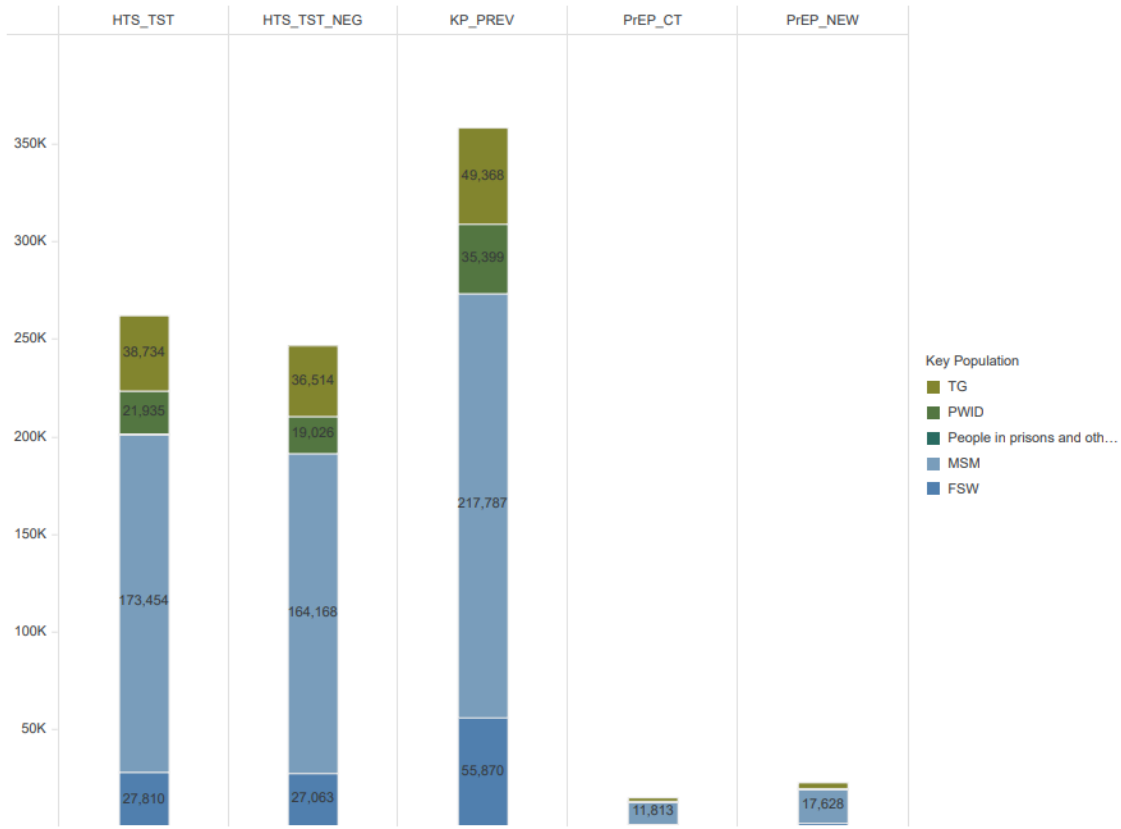


Figure 50: Prevention Continuum by Key Population Group (FY22), Philippines

PEPFAR Tajikistan

Vision, Goal Statement, and Executive Summary.

The Republic of Tajikistan is a lower-middle-income landlocked country in Central Asia, with a population of approximately 9.8 million people. Tajikistan faces several challenges in terms of health, economic, social, and environmental factors which impact developmental challenges and make it vulnerable to pandemic risks. Tajikistan remains the poorest economy in the ECA region, with a GNI per capita of US$1,150 (Atlas method) in 2021 and based on World Bank gross domestic product per capita is $897.

Additionally, Tajikistan shares a 1374 km border with Afghanistan, which has experienced prolonged conflict and political instability for four decades. Tajikistan is vulnerable to outbreaks of communicable diseases, including those with pandemic potential, as humans are constantly migrating and movement of animals across borders from Afghanistan to Tajikistan. The gaps in the current surveillance system in Tajikistan makes the task of containing infectious diseases even more challenging. The healthcare system in Tajikistan is facing a shortage of healthcare professionals, inadequate infrastructure, and limited access to healthcare services in rural areas. According to the 2021 Global Health Security Index, in 2014, Tajikistan had 210 doctors per 100,000 people, and 475 nurses and midwives per 100,000 people. Furthermore, Tajikistan is experiencing large disparities in terms of geographic distribution of human resources in health and difficulties in attracting and retaining health personnel in remote and rural area. Moreover, migration of healthcare workers outside of the country remains a challenge.

Based on the most recent UNAIDS Spectrum estimates, there are an estimated 15,000 PLHIV in Tajikistan (2022). Since 2010, new HIV infections have increased by 23% while AIDS-related deaths have decreased by 5%. The majority of PHIV and new infections are among KPs, including (PWID, FSW, MSM as well as select priority groups e.g., sexual partners of PLHIV or KPs who are not KP themselves or do not self-identified as KP, people who use non-injecting drugs (PUD), migrants, and prisoners.

Tajikistan, currently at 70-84-94 (all ages) for its HIV treatment cascade indicators, will continue implementing key person-centered policies and practices through aggressive roll-out of evidenced-based HIV programming, including DSD, 6-month MMD, expanded PrEP services and uptake, and ARV dispensing strategies in three out of five SNUs in Tajikistan, including city of Dushanbe, DRS and Sughd regions, which makes up about 70% of the country estimated PLHIV and country ART patients. To achieve the PEPFAR vision and goals including reaching the 95-95-95 targets by 2030, Tajikistan will:

- Integrate a status neutral testing approach, that will ensure all people are directly linked to appropriate HIV services.
- Foster an inclusive, patient-centered approach that enables high quality HIV services with focus on enhanced community engagement with the aim of positioning Tajikistan to have a long-term sustainable response for public health needs.
- Strengthen the data system to ensure robust public health response.

Specific activities to support these objectives will include scale up of effective and efficient case finding through index testing, social and risk network testing strategies, active and enhanced peer outreach approaches, expanded HIVST, online reach and testing increasing awareness of HIV and HIV literacy; all of these activities will be done with a focus on ensuring that consent and confidentiality is protected. PrEP expansion will be supported through the roll-out of an effective demand creation strategy and by integrating PrEP access into existing services such as places that conduct HIV testing or harm-reduction strategies including MM) or medication assisted treatment (MAT). To address the gap in case-finding and to accelerate the case finding, Tajikistan will scale-up the use of self-testing at the community as well as at the facility. PEPFAR will explore the way in which the self-tests will be accessible at the health facilities to rapidly reach the KP and partners of HIV positive clients. Self-testing will also be used to promote status-neutral HIV testing. For those tested negative, PrEP will be provided in facilities.

PEPFAR Tajikistan will continue to advance programs that have been successfully implemented in FY23 into FY24 and to make programmatic adjustments to improve performance and impact. These include, continuing to scale PrEP; moving forward with DSD at community level including community-based rapid blood testing and ART dispensation; support the inclusion of local laboratories into external quality assurance (EQA) and proficiency testing (PT) programs and preparation for accreditation as per international standards of two HIV labs. PEPFAR will leverage the population ‘networks’ to identify and refer individuals for testing in the community, especially from new, previously unreached networks. With PEPFAR support, there will be improved referral for HIV prevention services including medication-assisted therapy (MAT) and PrEP for those tested negative and for HIV care and treatment for those diagnosed with HIV. There will be supported continuous analysis of treatment linkage rates and time to ART initiation to better target interventions intended to further promote SDART, including case management, peer navigation, and treatment literacy. Given the high percentage of clients accessing HIV services late in their stage of disease, additional emphasis will be placed on identifying and addressing advanced HIV infections. PEPFAR will continue supporting site level mentoring and

GSM and will prioritize sites with low VLC and VLS. Viral hepatitis, particularly HCV, screening and treatment will be integrated into HIV treatment as survey data (BBS 2022) indicates a prevalence of HIV and HCV co-infection among key populations, particularly injection drug users.

Programs will be designed to be implemented at the facility and community levels to better ensure availability, uptake, and continuity of non-clinical and clinical HIV related services. Focus will continue to be placed on generating and utilizing accurate and precise data on population groups where new transmission is occurring through effective case surveillance and recency testing. These data will also inform appropriate HIV service coverage by populations and ensure that programming is designed to address the patient and population specific needs more effectively. To ensure sustained impact, PEPFAR Tajikistan will continue building on and strengthening the existing system of provision services at facility and community levels through supporting various partners and coordinating its activities with a range of stakeholders. These include, the Tajikistan MOH, which has a formal funding agreement with the GFATM and civil society. CLM program efforts led by community stakeholders will be critical to understanding quality of HIV services provided, PEPFAR program successes, as well as gaps that remain to reaching HIV epidemic control in Tajikistan. PEPFAR will continue supporting localization by building CSO capacities and social contracting by expanding PrEP and ART access in community settings.

Reduction of S&D continues to be a priority for Tajikistan as well. Progress towards adopting structural laws and policies towards UNAIDS 10-10-10 goals will continue, with Same Sex Non-Criminalization having been adopted. Work remains in these areas and to bolster other human rights protections. Tajikistan, PEPFAR, and its many partners have set priorities to reset and strengthen multisectoral engagement to address legal challenges, address S&D in the health sector using evidence-based approaches, strengthen capacity and role of CBOs and community HCWs, and strengthen the mechanism of social contracting of CBOs. PEPFAR will expand the Community Health Center model to deliver a set of community-based services to decrease gaps within the HIV cascade.

Table 75: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression, Tajikistan*

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression*, Tajikistan										
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	9,886,800	0,2	15,109	10,571	8,918	84	94	919,083	1,037	996
Population <15 years	3,600,000	0,03	1,145	801	728	91	-	34,520	43	43
Men 15-24 years	876,800	0,06	162	358	276	77	93	136,919	57	57
Men 25+ years	2,277,300	0,3	7,124	5,232	4,292	82	93	137,653	586	553
Women 15-24 years	871,800	0,04	385	288	215	75	97	342,900	47	46
Women 25+ years	2,260,900	0,2	6,208	3,892	3,407	88	95	267,091	304	297
MSM	12,000	4,3	516	185	131	71	94	4,208	27	27
FSW	18,400	2,9	533	414	310	75	93	15,080	11	11
PWID	18,200	4.7-19.9*	2,202**	2,070-2,202*	1,602-2,008***	75-94*	72- 95%*	17,578	81	75
Priority Pop (labor migrant)	1,500,000	0,4	6,000	1,784	1,590	89	86	8,673	250	242

*Range of HIV prevalence, service uptake across six locations (Tajikistan 2022 BBS)
**Based on UNAIDS national estimates (2018); https://kpatlas.unaids.org/dashboard
***Range of HIV prevalence, service uptake across six locations—'On ART (#)' was estimated based on the mid-point of 1st 95 range (#) by the upper and lower range (%) of ART coverage (Tajikistan 2022 BBS)
ART coverage represents PLHIV who know their status and are on treatment. (Numerator - PLHIV on ART, Denominator - PLHIV diagnosed)
Viral suppression represents PLHIV on ART who are virally suppressed. (Numerator - PLHIV on ART with suppressed viral load, Denominator - PLHIV on ART

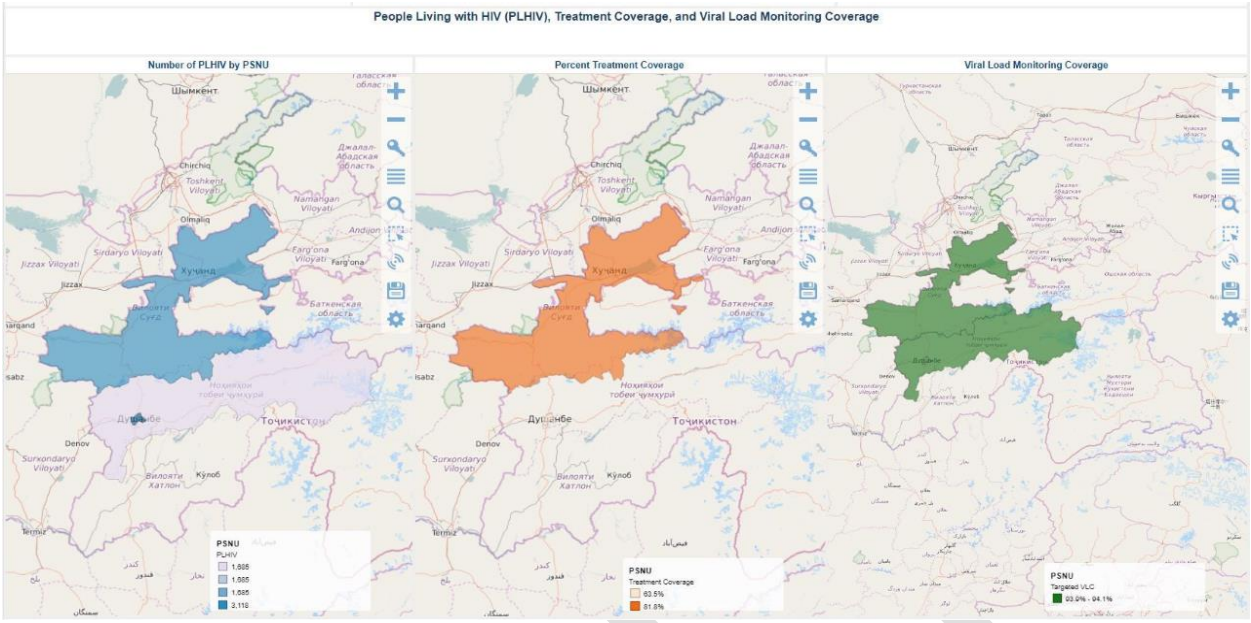


Figure 51: Map of People living with HIV, Treatment Coverage, and Viral Load Monitoring, Tajikistan

Table 76: Current Status of ART Saturation, Tajikistan

Current Status of ART Saturation					
Prioritization Area	**FY24 PLHIV Estimate in PEPFAR regions**	**Total PLHIV/% of all PLHIV for ROP23**	**# Current on ART (FY22)**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Attained	9,230	100%	5,791	3	3
Total National	**9,230**	**N/A**	**5,791**	**3**	**3**

Pillar 1: Health Equity for Priority Populations

PEPFAR Tajikistan will continue to support patient-centered services including status neutral prevention programming and appropriate care and treatment to support the needs of KP and priority populations. The most recent BBS indicated that there is low awareness among FSW for PrEP services, so we will work on scale-up PrEP provision for at risk women e.g., partners of KP, FSW who test HIV-negative and are in sero-discordant relationships. We will also continue to expand case finding with a focus on social network testing and self-testing. PEPFAR Tajikistan will continue to engage with CBOs focused on KP populations to ensure high quality prevention and care and treatment services.

Plan for KP services

In ROP23, PEPFAR-Tajikistan will continue to support prevention activity among KP. The aim of these activities will be to increase the number of PLHIV who know their HIV status, focusing on identifying HIV -infected Key Populations (PWID, FSW, MSM) in Dushanbe, DRS and Sughd regions. PEPFAR Tajikistan will support Republican AIDS Center to continue functioning of seven Trust Points (TP) in providing needle exchange with targeted information, education, and communication (IEC), STIs and TB screening, diagnosis, prevention and treatment, condoms promotion, syringe distribution (with GFATM support for commodities), and referral to medication-assisted therapy, especially those PWID with HIV infection. To maximize case finding, the TPs will be functioning both as VCT and PITC. The TPs will also actively offer HIV self-testing and index testing modalities to clients within a 'status neutral' approach. As part of 'status-neutral testing', the TP will offer PrEP to HIV negative clients with high-risk behavior. The staff of the TPs will also provide active referral for HIV confirmatory testing throughout the whole HIV testing algorithm for those tested positive in TPs and link them to HIV care and treatment activities. PEPFAR Tajikistan will also providing additional KP sensitization training for healthcare workers (HCWs) providing HIV services outside of AIDS centers to improve patient-centered care for KPs.

In addition, PEPFAR Tajikistan will continue and scale-up activities in prison settings to ensure access to testing, treatment, screening for advanced HIV infection, prevention, and treatment of opportunistic infections, as well as VL monitoring to improve treatment outcomes. This will include expansion of DSD models in three prison settings.

PEPFAR-Tajikistan will continue to support Medication Assisted Therapy program for PWID in Tajikistan as part of effective HIV prevention program. This support included in continued funding for TA and program implementation to the Tajikistan Republican Narcology Center to increase access and quality of methadone assisted therapy (MAT) services to PWID at risk of or living with HIV. Key activities planned to support ROP23 include strengthening and improving MAT services for PWID and PWID living with HIV. Support will also be provided to ensure strong coordination and linkage between MAT and HIV services being provided by the Republican Narcology Center and RAC, including expanding integrated HIV/MAT services for PWID. The specific outcome expected is increased access and uptake of MAT and HIV services by PWID.

In addition, to provide improved care and treatment, PEPFAR Tajikistan will expand DSD approaches to including community-based ART and MMD for KPs and migrants. Linkage to care will also be improved between facility and community service providers through continues implementation of community-based case management services which include accompaniment to confirmatory testing and ART initiation, appointment reminders, intensive multi session goal setting programs to overcome treatment barriers, referrals, and psychosocial counselling. We will also expand nurse-led case management to prevent interruptions in treatment and return to treatment those who will interrupt it. Finally, for patients with high VL, we will develop viremia clinics with patient-centered, multi-disciplinary approach to provide a comprehensive barrier analysis and increased peer and facility-support to improve VLS. At the community level, peer navigators will assist clients on ART to make an appointment and visit AIDS centers for scheduled VL testing. For those clients who can't visit AIDS Center, certified staff of the Community Health Centers will offer community-based blood collection and transportation for VL testing to the AIDS Center. PEPFAR will continue supporting cyclical acquired HIV drug resistance surveillance (CADRE) across the whole country among those on DTG-based regimens for at least nine months and not virally suppressed.

In ROP 23 PEPFAR will encourage supported CBOs to focus more on young KP needs, especially from MSM groups and recruit young KPs as a peer navigator where possible to improve reaching the targeted youth. To have a more comprehensive understanding of the challenges faced by young KPs, we will work on archetyping young KPs and define more targeted activities to meet their specific needs.

Plan to address Stigma, Discrimination, Human Rights, and structural barriers

Since S&D continue to be a persisting challenge hampering country progress towards HIV epidemic control efforts in Tajikistan – we will continue support the country to implement the Action plan intended to address key findings from HIV Stigma Index and the Global partnership to eliminate all forms of HIV related S&D. PEPFAR Tajikistan will continue supporting routine CLM while ensuring that findings are shared, and appropriate action are taken to reduce S&D with removing structural barriers.

To reduce stigma and remove policy barriers, PEPFAR will support local CBOs to implement S&D reduction advocacy activities, support on revision of HIV criminalized policy and legislation.

Moreover, to strengthen local leadership, PEPFAR will support capacity building activities of a cohort of PLHIV/KP female leaders to address S&D, gender equality and social inclusion.

PEPFAR Tajikistan will focus its DSD to align services and modalities to specific population needs and context. Prevention services e.g., PrEP will be made available to those at increased risk for HIV e.g., MSM, PWID, sexual partners of KPs, and higher risk migrants. Opioid substitution, with integrated HIV and viral hepatitis services will be offered to PWID. A cornerstone of the ROP23 programming will be a purposeful differentiation of HIV testing approaches that align to the populations that we are trying to reach. These modalities include increased focus on community and population-network approaches e.g., SNS community or facility-based HIV self-testing. All testing modalities will apply a status-neutral approach. PEPFAR Tajikistan also continues to recognize the importance of providing index testing services in accordance with international recognized standards to ensure the provision of safe and ethical testing and counseling to all clients.

In ROP23, 31% of all new HIV cases are expected to be found via index testing, 69% via SNS modalities which represents a significant shift from previous programming In Tajikistan, HIV self-testing will be integrated with index testing and SNS modalities as well as with key prevention services including PrEP and MAT. Nurses in facilities and peer navigators at the community level will play an integral role in ensuring high linkage to treatment. At least, 95% of new HIV positive will get tested for recent infection following a Recent Infection Testing Algorithm approach.

Pillar 2: Sustaining the Response

Country-Led Sustainability Approach

The Ministry of Health and Social Protection of the People and PEPFAR Tajikistan have been engaged in conversations to build a shared vision of sustainability for HIV programming. This shared vision is to continue to strengthen technical, institutional, and financial capacities of government institutions to maintain the gains of the national HIV response, while gradually shifting selected responsibilities, including funding, to local government management, implementation, and monitoring. The vision also includes further strengthening health systems, identifying key areas for focus such as integration of services, supply chain and HIS, the laboratory network, and financial management. For ROP23, MOH and PEPFAR-Tajikistan have agreed to develop a measurable sustainability roadmap, including a transition plan with

concrete metrics and milestones for the short-, medium- and long-term, which will prepare MOH to sustain the gains and maintain HIV epidemic control, once achieved.

In ROP23, the proposed approach for country-led sustainability planning and implementation will be comprised of the following steps/activities: (1) establish a steering committee and a task force; (2) develop terms of reference and define concrete steps of the process and a timeline of key activities to be implemented in ROP23; (3) promote a national dialogue about sustainability of the HIV response with stakeholder leadership; (4) organize a national meeting to engage and consult on sustainability with key stakeholders such as affected communities, PLHIV, KP, the private sector, civil society, multilaterals, donors and other partners (e.g., GFATM, WHO, , UNAIDS.) (5) determine how PEPFAR and GFATM investments, which jointly represent the vast majority of HIV expenditures in the country, optimally leverage one another; (6) perform oblast consultation workshops as part of the national dialogue; (7) develop a measurable roadmap for sustainability; (8) develop an M&E framework to monitor implementation of the roadmap.

PEPFAR Engagement in Integrated National Plan

In Tajikistan, PEPFAR, GFATM, MOH, and RAC have built collaborative partnerships to engage in integrated national planning. PEPFAR is engaged in the national planning cycle to provide support on HIV prevention, care, and treatment priorities. PEPFAR engagement takes place both at the national level and at the regional level, where PEPFAR provides direct support to healthcare facilities. The new PEPFAR 5x3 strategy opens more opportunities for alignment, integration, and localization. Furthermore, in ROP23, PEPFAR will work jointly with and advocate to the MOH to prioritize further integration of HIV and other programs such MAT provision and implementation of person-centered services and ensure that quality of care is part of routine service delivery. PEPFAR Tajikistan will actively pursue opportunities to support harmonization and integration of platforms and systems that are vital for both HIV as well as STI, and hepatitis services, but also those that support health services more broadly.

Capacity Building towards Country-led Sustainability

PEPFAR Tajikistan will support the MOH in capacity building both national and local governments and health facilities. In ROP23 we will provide comprehensive training for KP sensitization to healthcare workers who are providing care at non-RAC facilities so that all providers including those in primary care will be able to demonstrate the applied skills for

HIV/AIDS prevention and care service delivery. Moreover, these trainings will include HIV stigma and discrimination sessions to improve health care workers tolerance towards PLHIV/KPs. Before integrating HIV services into primary healthcare (PHC) facilities, the Republican AIDS center will provide HIV patients management training for PHC staff. The focus will be on management of patients with advanced HIV infection to reduce AIDS related mortality. Additionally, trainings will be provided to local AIDS centers on case-based and HIV drug resistance surveillance to improve treatment outcomes

Pillar 3: Public Health Systems and Security

Strengthening Regional and Public Health Institutions

PEPFAR has been collaborating with the Government of Tajikistan on improving data system and strengthening public health systems and institutions. PEPFAR-Tajikistan will support case base surveillance for PLHIV, recency surveillance for better identification of recent infections and outbreak response. PEPFAR will continue working with Tajikistan National Scientific Institute of Preventive Medicine, whose equipment and capacity has been improved with the USG supported of COVID 19 projects on HIV drug resistance surveillance among those PLHIV receiving DTG-containing regimens but not virally suppressed. In addition, PEPFAR-Tajikistan provides ongoing support for the electronic medical record to provide longitudinal patient-level for PLHIV and will provide support to expand this electronic medical record system to include hepatitis C screening and treatment. In addition, PEPFAR Tajikistan will support the MOH in implementation of an electronic system for MAT to support improvement program quality.

In addition, PEPFAR-Tajikistan is supporting the RAC laboratory and treatment department to implement HIV drug-resistance surveillance (CADRE) and will continue this activity in ROP23 to inform future guidance on managing patients with virologic failure on DTG-based regiments.

The COVID-19 pandemic provided additional challenges for the health care system in Tajikistan. Frontline health professionals at all levels of the healthcare system, including AIDS Centers health care workers experienced challenges handling the virus, as equipment and capacity were scarce, and knowledge on IPC limited. Strengthening IPC in Tajikistan is instrumental to the implementation of the recently adopted National Health Strategy (2021-2030). The Government of Tajikistan, through the Ministry of Health and Social Protection of the Population, is committed to improving the quality of health care by strengthening IPC programs in healthcare settings. The Ministry of Health and Social Protection of the Population deems it

mandatory for all health care personnel, including AIDS Center workers to become aware of basic IPC measures while providing healthcare. Under the Global Health Security Agenda, we will provide education and training to increase IPC compliance and outbreak management skills and knowledge of healthcare workers and increase general appliance of IPC practice. PEPFAR will strengthen health service delivery platforms in ROP23, supporting government capabilities in service delivery for HIV and outbreak response.

Moreover, through transformative partnerships (see pillar 4), PEPFAR Tajikistan will also improve the capacity of the public health institutions in Tajikistan through USAID's Global Health Security Program. To enhance the public health workforce, PEPFAR will engage with the CDC FETP to identify HIV/AIDS-focused health staff at the national and sub-national levels.

Quality Management Approach and Plan

In collaboration with PEPFAR-Tajikistan, MOH has rolled out quality improvements plans in PEPFAR-supported regions with a focus on GSM. In line with ensuring sustainability and ownership by MOHSPP, PEPFAR Tajikistan will continue to refine and develop quality management plan for the facilities providing HIV services across PEPFAR supported SNUs. With PEPFAR's support, these sites will continue to implement cyclic and routine activities to monitor the quality of services provided to clients, including prioritization of key indicators and development and monitoring of action plans. PEPFAR will work with the GFATM supported HIV projects in Tajikistan to make sure that health facilities providing HIV services in non-PEPFAR supported regions are also covered by GSM approach to continuously improve coverage and quality of services. PEPFAR Tajikistan will provide ongoing above-site support to the MOH for scaling up GSM approach to the National level.

Person-Centered Care that Addresses Comorbidities Posing a Public Health Threat for PLHIV

Overall PEPFAR Tajikistan will continue to expand services for PLHIV to provide patient centered care. This will include expanding nurse-led case management for at risk patients such as those who are newly diagnosed, returning to care, or not virally suppressed as well as the development of viremia clinics to address the needs of patients who are not suppressed including their mental, physical, and social wellbeing. Healthcare facilities that have poor VLC or a high percentage of patients who are not suppressed will be targeted for clinical mentoring and granular site management to improve performance and treatment outcomes among all clients.

PEPFAR will work with the GFATM supported HIV project in Tajikistan to integrate viral hepatitis C services, including screening and treatment with HIV services as well as PWID targeted services as this group of population has the highest HCV RNA prevalence (up to 99% among those anti HCV positive and up to 24% among whole estimated PWID population across six survey sites, BBS22).

AHD

Recent data suggests that up to 50% of PLHIV have CD4 count <200 cells/µL on diagnosis, emphasizing the important of intensified case finding but also management of AHD. Despite being severely immunocompromised, many patients are asymptomatic at presentation, making screening for opportunistic infections such as TB critical. There have been noted gaps in provider awareness to screen and treat people with AHD. In ROP23, PEPFAR Tajikistan will provide additional provider trainings on the management of AHD. In addition, PEPFAR Tajikistan will expand access to nurse-led case management for patients at risk for poor outcomes, including patients with AHD. In addition, we will continue to advocate for the same date ART start (SD-ART) except in the case of meningitis for all PLHIV including those with AHD.

Integration of Services with STI, Hepatitis B, C will be standard of care in HIV clinical care and harm-reduction e.g., MAT, service delivery points. We will offer integrated package of HIV services including HIV screening, counseling, and testing, PrEP initiation, STI, Hepatitis B, and Syphilis screening along with mental health counseling.

PEPFAR Tajikistan will continue with the MOH to provide integrated, comprehensive, patient-centered services for PLHIV. In line with pilar 2 and sustainable coverage, PEPFAR Tajikistan will support the MOH to expand integration of HIV services with primary healthcare facilities as well as community-based service providers. In addition, PEPFAR Tajikistan and MOH will also expand HIV services into MAT programs to including screening and management of TB, STIs, and viral hepatitis. Hepatitis B and C are common co-morbidities among PLHIV in Tajikistan. In collaboration with GFATM and MOH, PEPFAR Tajikistan will scale-up screening and treatment of hepatitis C among PLHIV with a focus on scale-up at KP-friendly service providers.

Mental Health

In addition, to hepatitis and STIs, PEPFAR Tajikistan will explore models that integrate mental health screening, treatment or referral into community and facility-based services.

PEPFAR will deliver professional services on mental health as well as professional support and supervision to prevent syndrome of burnout for CBOs staff. Mental health support will be an integrated part of psychological and social support within the case management services for PLHIV and KPs. PEPFAR will support regular self-help groups to facilitate psychological support for KPs and PLHIV. Contact information of mental health support services will be disseminated among CBOs and their clients through SMS, social media, and messengers.

Laboratory Systems

PEPFAR Tajikistan has continued to build capacity of the public health laboratory. PEPFAR will continue to optimize the laboratory quality management system, EQA, and maintain accreditation by ISO 15189. PEPFAR will continue supporting the participation of national and regional laboratories in the international External Quality Assessment and Professional Testing program as part of the improving and strengthening of the quality management system aimed at quality HIV serology (enzyme-linked immunosorbent assay (ELISA)) and VL testing, HIV EID. Also, will provide support for development of the international laboratory standards and implementation of the National EQA program for HIV diagnostic testing (ELISA or rapid diagnostic test). PEPFAR will continue providing technical support to national and regional laboratories in preparation for accreditation in accordance with International Standard ISO15189 in laboratory quality testing, QA/QC. PEPFAR will support capacity-building of local staff of laboratories and testing cabinets of AIDS centers through mentoring visits and on-site coaching. PEPFAR will continue utilizing Lab CoOP (Amref) regional collaborative platform to address the existing needs for TA.

PEPFAR will coordinate activities with the Global Health Security Program on strengthening the capacity of public health laboratories on biosafety and biosecurity surveillance, especially lessons learned from COVID-19: revision existing legislation related to laboratory services in accordance with international norms and regulations; update the needs and current laboratory system in all sectors, taking into account location, population served, scope of work, volume of testing, staffing, conditions of facilities and availability of equipment, costs involved, and contribution to emergency response capacity.

Human Resources for Health

Over the past decade, the number of physicians and nurses has increased substantially (by 12.2% and 41.8%, respectively). Despite those increases, there are still insufficient numbers of doctors in some specialties, including, notably, in AIDS Centers. Furthermore, Tajikistan is experiencing large geographic disparities in terms of geographic distribution of human resources in health and migration of healthcare workers outside of the country remains a challenge. Infrastructure and resources of the national medical education institutions are outdated and insufficient to meet the demand. Continued medical education (CME) has been piloted but has not been fully implemented and rolled out throughout the system. PEPFAR will continue strengthening the capacity of health care workers to improve the quality of HIV services provided.

Pillar 4: Transformative Partnerships

In Tajikistan, the development of ROP23 was a participatory process, which included consultation with all the key country's stakeholders of the HIV national response. Through transformative partnerships, we will continue working to eliminate the inequities and service gaps that still stand in the way of progress. We will work with UN agencies, financial institutions, GFATM, private sector, and community organizations (see Table 77).

Table 77: Summary of Partners and Areas of Focus/Activities, Tajikistan

Partner	**Areas of Focus/Activities**
UNAIDS	• SI/Modeling/Data-Use • Recency Surveillance
Amref (ARP regional activity)	• VL enhancement
WHO / World Bank /Asia Development Bank	• SI, Data Modernization • Global Health Security (Pandemic Fund)
GFATM	• Co-planning • Leveraging resources (technical, financial) • Global Health Security (C19-RM)
CDC Eastern-Europe and CAR	• Global Health Security (Emergency Response) • Laboratory • Communicating the Science, Data Modernization • Workforce development (FETP)
USAID/ Tajikistan	• Global Health Security (One Health, IPC, Laboratory, Risk Communication) • PHC: TB and Maternal and Child Health

Yale University	• Harm-reduction program and intervention evaluation
Private pharmacies, private clinics, delivery services	• HIVST distribution
Community-led/competent local organizations	• CLM • Transitioning to local partners • Increase public funding through social contracting

PEPFAR Tajikistan will avoid program fragmentation by coordinating with existing national resources such as the MOH as well as GFATM, WHO, and UNAIDS. PEPFAR strengthens coordination with these entities through routine engagement at the national and sub-national levels through HIV working groups and key country meetings with implementing partners, civil society, and other stakeholders. In Tajikistan, PEPFAR team provided input for writing National AIDS program and National HIV monitoring plan for the period 2021-2025 and for writing country application for HIV grant from GFATM for the period 2021-2023 and the period 2024-2026.

Pillar 5: Follow the Science

Aligned the UNAIDS 'Know your epidemic, Know your response' framework and the recently updated HIV Strategic Information guidelines, PEPFAR Tajikistan continues to support a range of activities and systems to ensure an understanding of the burden of HIV by location and population as well as to monitor patient- e.g., clinical care, and program-level e.g., cascade, performance. EHCMS will be supported to serve as a more holistic HIV CBS. This support will include routine data reviews and client follow-up at the sub-national levels as well as granular and real data analysis and response to data trends at the national level. EHCMS will also help support HIV drug-resistance surveillance through CADRE. Support for recency surveillance among those newly diagnosed with HIV will occur at both site and national levels with PEPFAR support to develop and disseminate policy, guidelines, training curricula for health care providers and laboratory staff, and tools; and through expansion, monitoring, and data utilization to identify geographic and demographic hotspots of recent infections. Results from the 2022 HIV BBS will continue to be utilized to inform program design and implementation. EHCMS will also be used to create HCV testing and treatment cascade to assess HCV treatment effectiveness and reinfection.

Strategic Enablers

Community Leadership

PEPFAR Tajikistan has been supporting CLM in country since FY2022 and working to ensure that community leadership is increased in PEPFAR. In the first year of implementation, the CLM program identified several PEPFAR program gaps and opportunities for quality improvements, including weak relationships between CBOs and medical facilities that provide services for key populations. As we move toward the goal of epidemic control, PEPFAR Tajikistan is committed to investing and supporting capacity building of CBOs to ensure that local communities have the skills necessary to continue monitoring and evaluating key HIV services as well increasing their role in service provision (in line with UNAIDS guidance). Furthermore, reports have stated that healthcare workers need to improve and update their knowledge and approach in working key populations as it relates to PrEP, PEP, index testing, and other HIV services. Certain services in Tajikistan requires payment, which has been reported to restrict access to key groups. Key populations and CBOs have reported strong interest in HIVST and requested higher number of ST kits to be distributed. Additionally, requests have been made to combine HIV and hepatitis and HIV services in some facilities.

Overall, CLM efforts in Tajikistan demonstrate skills, commitment, and vested interest from Tajik CBOs to be leaders in curbing the HIV epidemic in the country. With both quantitative and qualitative data collection, CLM teams have been meeting regularly to review data collection, develop presentations, and advocate for changes based on issues identified and opportunities discussed. CLM in Tajikistan continues to present an opportunity for sustainability and will be continued in FY23 and FY24 with focuses on PEPFAR sites.

Innovation

PEPFAR will intentionally work to identify and scale-up innovative, evidence-backed interventions, especially those aimed at persistent challenges in the program, such as risk perception, case finding, treatment and prevention adherence, and stigma reduction. Using previous data on testing modalities, PEPFAR Tajikistan will continue expansion of HIV testing into novel modalities including the use of social networking platforms and HIV self-testing through online platforms. In addition, PEPFAR Tajikistan will explore the integration of mental health support services at both community and facility-based services to improve patient-centered care.

PrEP uptake has been low due to a range of structural and technical barriers including low awareness among the population and HCWs, S&D, and onerous processes to initiate PrEP. The existing national PrEP guidelines call for extensive baseline testing prior to initiation and limitations on who and where the service may be delivered. To scale up this service, we will revise national guidelines following WHO recommendations on simplified and de-medicalized PrEP service delivery, resulting in more rapid PrEP initiation and friendlier, more convenient service.

Leading with Data

PEPFAR will continue to support the implementation, maintenance, and utilization of the Electronic HIV Case Management System (EHCSM). As a longitudinal patient-based electronic medical record, EHCMS has been adopted, by the Tajikistan government as the approved case-management information system that also provides real-time data. EHCMS will continue to be utilized for clinical and programmatic management and improvement as well as the foundation for case-based surveillance. PEPFAR Tajikistan will strengthen case-based reporting, both the quality of data reported and the use of that data for program implementation.

PEPFAR-Tajikistan will also continue to expand surveillance for HIV recency and drug resistance to provide high quality data to inform programmatic shifts as needed in case finding and treatment. In addition, PEPFAR Tajikistan will work with CBOs to transition to electronic data management systems to facilitate improve data quality and data for action.

Target Tables

Table 78: ART Targets by Prioritization for Epidemic Control, Tajikistan

ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) *TX_CURR***	**Newly Initiated Target (FY24) *TX_NEW***	**ART Coverage (FY24)**
Attained	**9,230**	**-**	**6,824**	**7,470**	**783**	**80.9%**
Total	**9,230**	**-**	**6,824**	**7,470**	**783**	**80.9%**

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.
    - ❖ As noted in the narrative for pillar 1, PEFPAR Tajikistan will expand access to multiple modalities of testing including index testing and self-testing. In ROP23, PEPFAR Tajikistan, in collaboration with key stakeholders, will continue to scale-up index testing in accordance with the PEPFAR Guidance on implementing safe and ethical index testing. PEPFAR will also ensure index/partner testing services including intimate partner violence screening and adverse events monitoring. PEPFAR will conduct refresher training on index testing for all PNs to ensure ethical and safe implementation and further linkage to care. Full implementation index-testing in the community and public health-care facilities is a standard of care with a focus on those at increased risk for HIV.

2. **Fully implement "test-and-start" policies.**
    - ❖ Government of Tajikistan policy allows for test and start, but there is ongoing hesitation from providers for SDART particularly for patients who are asymptomatic. The current HIV testing algorithm allows getting diagnosis faster and approved revised HIV treatment protocol strongly recommends SDART initiation. Compared to 2018, the time from the 1st reactive HIV test to ART initiation reduced from 33 to 8 days. ART linkage rate increased to 97% and 89% linked to ART, started treatment within 7 days after diagnosis. The activities contributed to improved linkage, include systematic and coordinated between facilities and communities tracking and tracing of diagnosed but not on ART, routine granular site management support, community and facility-based case management, and treatment education. Newly diagnosed PLHIV are now offered ART as multi-month starter pack
    - ❖ PEPFAR Tajikistan will continue to build capacity of providers through trainings and clinical mentoring to initiate SDART for all PLHIV.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**

- ❖ In ROP23, PEPFAR Tajikistan will advocate for a status-neutral approach at all testing sites so that patients who are HIV-positives are linked to ART services and those who are at-risk are linked to PrEP and other prevention services. Currently, HIV post-exposure prophylaxis is available only for the medical staff, but efforts are underway to advocate for PrEP service delivery in the community by approved HCWs as a way to overcome hesitancy for clients to access this service at health-care facilities.

4. **Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.
   - ❖ This is not applicable to PEPFAR Tajikistan.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
   - ❖ All PLHIV are eligible to free HIV related services, including ART, prevention, and treatment of opportunistic infections, CD4 count and VL measurement as well as some other required tests. The GFATM, through its HIV project supports free HCV and HBV testing, including viral hepatitis VL testing and HCV treatment for all PLHIV. Government of Tajikistan approved allocation in CY2024 funds for 10,000 HCV and 10,000 HBV tests to be used for testing of PLHIV and priority population. PrEP is free for everybody, including clients from the general population. HIV testing, however, is free only for KPs referred for testing from sites providing HIV prevention services to KPs. The general population needs to pay for HIV testing. However, those contacts elicited through index testing services are also eligible for free HIV testing. Government of Tajikistan approved allocation in CY2024 funds for 100,000 HIV tests to be used for testing of labor migrants and other priority population, including prisoners.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity.**
   - ❖ Tajikistan is a country with a high degree of stigma and criminalization of key population groups. PLHIV are often prosecuted with the widespread formulation “knowingly exposing another person to the danger of contracting HIV infection”. Unfavorable legal environment, particularly article 125 of Criminal Code, which is

reportedly used for discrimination, harassment, and legal prosecution of members of KPs, ignoring the scientific evidence (e.g., U=U), that creates the major barrier to implementation of the HIV program and achievement of the UNAIDS targets. PEPFAR will continue working with the country stakeholders to strengthening multisectoral engagement to address legal challenges, particularly revision of article 125, providing evidence for removing criminalization for "putting at risk of HIV infection", considering U=U/harms of 'singling out' of HIV as the grounds of criminalization and continue working to eliminate the level of S&D at the health sector.

- To reduce stigma and remove policy barriers, PEPFAR will support local CBOs to implement S&D reduction advocacy activities, support on revision of HIV criminalized policy and legislation. Moreover, to strengthen local leadership, PEPFAR will support capacity building activities of a cohort of PLHIV/KP female leaders to address S&D, gender equality and social inclusion.

7. **Optimize and standardize ART regimens.**

- In the pre-DTG era, the country used to have 14 different ART regimens. Consideration to transition to DTG-based regimens started in 2018 after receiving information on DTG efficacy from the 20th Bangkok International Symposium on HIV Medicine.
- There have been conducted a number of National round tables to disseminate evidence on DTG-based regimens efficacy and superiority. HIV treatment protocol was revised. Based on review of stock levels for other “legacy ARVs,” PEPFAR supported the country to develop TLD/DTG transition and supply plan and planned to transition 95% of patients to TLD by January 2021. TLD and DTG50 were included into the supply chain and clinicians were trained in transition to these medicines.
- As of December 2022, 98% of patients have been transitioned to TLD with no difference in transition by gender. This success was one of the factors that contributed to reduced AIDS related mortality among patients with AHD. Other benefits of this transitioning include simplified supply chain, reduced treatment cost, and no cases of ARVs switch due to ARVs stock-outs.
- The country started implementation of CADRE, or Cyclical Acquired Drug Resistance surveillance, which is recommended for countries with high transition

rate to DTG and availability of well-functioning health management information system that would allow tracking of patients with virological failure based on VL tests results.

8. **Offer DSD models.**

- There are several DSD models including MMD for PLHIV in Tajikistan both in the facility and community. In ROP23, PEPFAR Tajikistan will expand DSD options for additional populations such as migrant workers or people in prisons as well as expand community-based options such as community ART distribution. In addition, PEPFAR Tajikistan will expand facility nurse and community peer navigators-lead case management to allow for improved patient-centered care.

9. **Integrate TB care.**

- All the PLHIV are screened for TB symptoms at the diagnosis as well as during each routine clinical visit to AIDS center. TB asymptomatic at diagnosis PLHIV are still required to undergo pneumography as a complementary and mandatory procedure to the standard TB symptom screening to rule out active TB infection and prescribe isoniazid preventive treatment (IPT). All PLHIV without active TB infection receive free IPT. Those PLHIV screening positive for TB receive molecular WHO-recommended diagnostic and drug susceptibility testing, all those diagnosed with TB disease complete appropriate TB treatment. In TB facilities, all TB patients are screened for HIV. USAID's TB programming reinforces, through training and equipment, these clinical practices.

10. **Diagnose and treat people with AHD.**

- Review of patient data in EHCMS indicates that up to 50% of individuals newly diagnosed with HIV have a CD4 count less than 200 cells/ml indicating AHD with increased mortality among those clients. To help address this, PEPFAR will work with the government to develop and implement a package of services including screening for AHD, training for improved clinical monitoring for AHD indicating conditions e.g., extrapulmonary TB, IRIS, and cryptococcal meningitis.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**.

- In Tajikistan, VL suppression is routinely monitored at that site and above-site levels to address gaps in VLC and suppression by demographics and location. PEPFAR Tajikistan will continue to provide a GSM to improve VLC and VLS levels in SNUs. GSM will employ a collaborative quality-improvement approach at the site level to systematically identify key barriers and practical solutions for a particular program area, e.g., VLC and suppression. Facility staff and TA providers then work together to implement those solutions and to monitor results. This cyclical 'plan-do-study-act' approach continues until the barriers are addressed and results are achieved. GSM has been implemented in PEPFAR supported oblasts and facilities since FY20 and has helped to improve clinical care services, including increased VLS at these facilities.

12. **Integrate effective QA and CQI practices into site and program management.**
    - PEPFAR Tajikistan has implemented continuous quality improvement program including granular site management for PEPAR sites as well as SIMS for quality assurance. In ROP23, we will continue to scale-up GSM activities.

13. **Offer treatment and viral-load literacy.**
    - HIV programs should offer activities that help people understand the facts about HIV infection, treatment, and VL.
    - U=U messaging and other messaging that reduces stigma and encourages HIV testing, prevention, and treatment should reach the general population and health care providers. In Tajikistan, the effectiveness of ART is assessed through routine VL monitoring with results available at six, 12 months after initiation of ART, and yearly thereafter if virologically suppressed. Though, the country with support from PEPFAR and other partners achieved almost 95% viral suppression, including that among KPs in the last fiscal year, it has been still below even 90% VLC. At site level, VLC and VLS will be improved through enhanced adherence counseling, especially among those newly initiating ART, including treatment literacy; community-based peer navigators and facility nurse-led adherence improvement interventions focusing on PLHIV with unsuppressed VL.

14. **Enhance local capacity for a sustainable HIV response.**

- ❖ There should be progress toward program leadership by local organizations, including governments, public health institutions, and NGOs. Programs should advance direct funding of local partners and increase funding of organizations led by members of affected communities, including KP-led and women-led organizations.
- ❖ Achieving long-term sustainability requires a substantial reorientation of our program. By implementing localization strategy, we would like to start working to build the capacity of local CBOs to become direct recipients and implementers of PEPFAR grants. Sustainability of government to lead and manage the response, to increase allocation of public funds for HIV program will be also part of our activities.

15. **Increase partner government leadership.**
    - ❖ Strong political support: implementation of healthcare services, including HIV services, will require substantial public expenditure. Considering the scarcity of public resources, extensive political support and prioritization in the health sector will be essential for resource mobilization for healthcare investments. Through transformative partnerships, we will continue working to eliminate the inequities and service gaps that still stand in the way of progress.

16. **Monitor morbidity and mortality outcome.**
    - ❖ Under the direction of RAC, EHCMS will continue to be utilized as an HIV case-based surveillance platform as it is capable of collecting and reporting on the required HIV 'sentinel events' including HIV-related mortality. In addition, PEPFAR will continue to engage in the UNAIDS Spectrum estimation process that works to determine HIV-related mortality for the local context.

17. **Adopt and institutionalize best practices for public health case surveillance.**
    - ❖ Under the direction of RAC, EHCMS will continue to be utilized as an HIV case-based surveillance platform as it is capable of collecting and reporting on the required HIV sentinel events.

USG Operations and Staffing Plan to Achieve Stated Goals

[REDACTED]

APPENDIX A – PRIORITIZATION

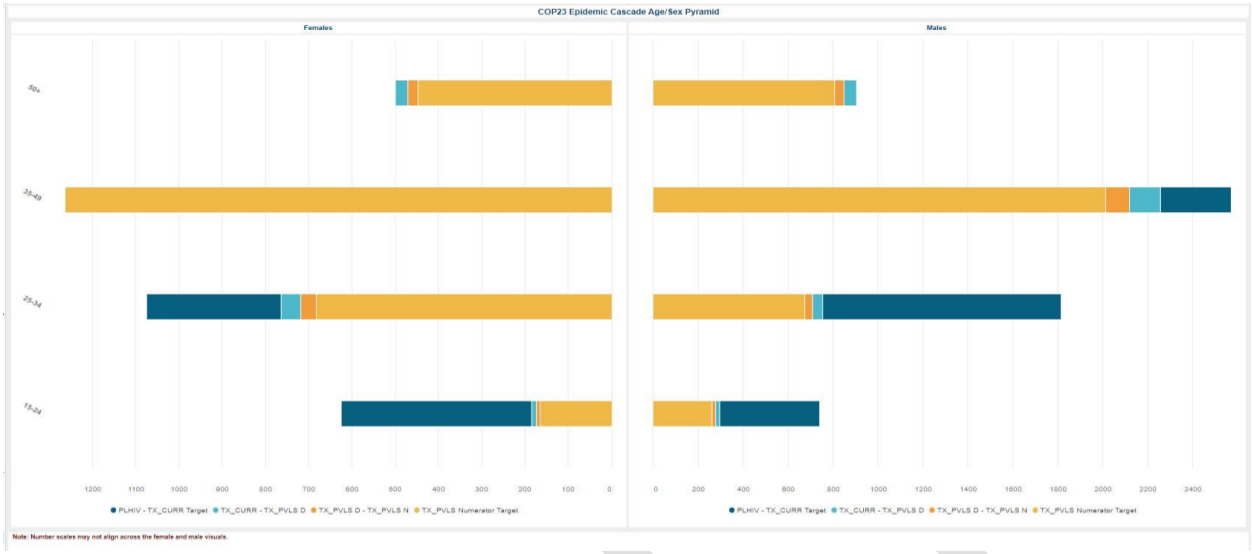


Figure 52: Epidemic Cascade Age/Sex Pyramid, Tajikistan

APPENDIX B – Budget Profile and Resource Projections

Table 79: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Tajikistan

Country	Intervention	Budget	
		2023	2024
Total		$3,900,000	$3,900,000
Tajikistan	ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	$2,500	
	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$127,500	
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations		$60,180
	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$49,000
	ASP>Human resources for health>Non Service Delivery>Key Populations		$25,000
	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$30,000	$20,000
	ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations	$2,500	$140,000
	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$2,500
	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$24,000
	ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	$111,000	
	ASP>Public financial management strengthening>Non Service Delivery>Key Populations		$20,000
	ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$32,500	
	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$100,101
	C&T>HIV Clinical Services>Non Service Delivery>Key Populations		$125,220
	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$137,816	$289,891
	C&T>HIV Clinical Services>Service Delivery>Key Populations		$95,100
	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$214,000	$52,000
	C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$97,358	$83,464
	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations		$6,000
	C&T>Not Disaggregated>Non Service Delivery>Key Populations	$81,250	
	C&T>Not Disaggregated>Service Delivery>Key Populations	$113,750	
	HTS>Community-based testing>Non Service Delivery>Key Populations	$178,750	$300,400
	HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	$20,000	
	HTS>Community-based testing>Service Delivery>Key Populations	$487,500	$290,576
	HTS>Facility-based testing>Non Service Delivery>Key Populations	$20,000	$40,000
	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations		$117,000
	HTS>Facility-based testing>Service Delivery>Key Populations	$214,625	$57,500
	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$20,000	$21,000
	HTS>Not Disaggregated>Non Service Delivery>Key Populations	$15,000	
	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$839,000	$838,250
	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$674,702	$706,772
	PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Key Populations	$15,000	
	PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	$81,250	
	PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$4,480	$23,304
	PREV>Medication assisted treatment>Non Service Delivery>Key Populations	$22,500	$22,500
	PREV>Medication assisted treatment>Service Delivery>Key Populations	$45,000	$41,540
	PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		$15,000
	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$90,644	$60,802
	PREV>Not Disaggregated>Service Delivery>Key Populations		$75,100
	PREV>PrEP>Non Service Delivery>Key Populations	$155,125	$155,140
	PREV>PrEP>Service Delivery>Key Populations	$66,250	$62,560

Table 80: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area, Tajikistan

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Country	Program	Budget	
		2023	2024
		$3,900,000	$3,900,000
Total		**$3,900,000**	**$3,900,000**
Tajikistan	C&T	$644,174	$631,675
	HTS	$955,875	$826,476
	PREV	$480,249	$456,046
	ASP	$306,000	$440,781
	PM	$1,513,702	$1,545,022

Table 81: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, Tajikistan

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Country	Targeted Beneficiary	Budget	
		2023	2024
		$3,900,000	$3,900,000
Total		**$3,900,000**	**$3,900,000**
Tajikistan	Key Populations	$1,505,480	$1,551,720
	Non-Targeted Populations	$2,394,520	$2,348,280

Table 82: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, Tajikistan

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Country	Initiative Name	Budget	
		2023	2024
		$3,900,000	$3,900,000
Total		**$3,900,000**	**$3,900,000**
Tajikistan	Community-Led Monitoring	$80,000	$80,000
	Core Program	$3,820,000	$3,820,000

B.2 Resource Projections

Required resource projections were based on previous achievements, costing e.g., staffing, commodities, scale of targets-set and program objectives. Program objectives were identified through consultative process with the national level stakeholders and program implementation evidence complimentary to planned efforts by the government and GFATM. Prior year expenditure, current experience of cost of doing business, ROP23 funding envelope and earmarks, and funds required for emerging program needs to address gaps were used to allocate ROP23 budgets.

APPENDIX C – Above site and Systems Investments from PASIT and SRE

The rational and the process for narrowing the scope for PASIT activities was that the systems gaps were discussed with all the partners in the country and PEPFAR was assigned to be responsible for working on closing system gaps in which PEPFAR has best expertise.

The identified system gaps included: unavailability of HIV acquired drug resistance surveillance system; lack of technical capacity to implement country led HIV related lab EQA/PT; no accreditation of HIV labs as per ISO15189; insufficient use of case-based surveillance data to better target resources; insufficient quality and incomplete HIV data entered into Electronic HIV case management system; lack of data on HIV incidence and PLHIV estimates by location/subpopulation to better target HIV prevention and treatment services; insufficient engagement of communities in monitoring of HIV services provided in medical facilities; S&D among healthcare providers especially towards KPs; dependance of National AIDS program on donors funding and insufficient mobilization of domestic resources to support HIV related activities; insufficient case finding and PrEP coverage; and lack of capacity of the local organizations to independently and sustainably implement HIV related activities. To resolve the above-mentioned system gaps, PEPFAR planned PASIT activities for a total amount of $440,781.

PEPFAR will continue supporting the establishment of surveillance systems to monitor HIV acquired drug resistance among patients on DTG-based ART with virologic failure. Technical support will be provided for proper functioning of HIV related electronic systems, including EHCMS, e-Nurse, e-PrEP, HIV Self-Test, and Tell Your Partner. Data entered into the Electronic HIV Case Management system will be routinely assessed for its completeness and quality and the data quality team will provide recommendations to the local AIDS centers to improve data quality. Granular treatment and epidemiologic data will be continuously used to improve site performance and increase program impact and effectiveness. PEPFAR will support efforts to maintain quality for laboratory systems and activities, including diagnostics and VL measurement. Two labs from AIDS centers (Republican AIDS center and Sughd Region AIDS center) will be supported to prepare for accreditation as per the international standards (ISO15189). PEPFAR will support HIV case surveillance to get/report individual-level demographic, clinical, behavioral data for all unique PLHIV and use this data to monitor epidemiological trends, identify areas/subpopulations with higher new diagnoses and/or gaps in the clinical cascade, and inform targeted/timely public health response to achieve or maintain

epidemic control. A number of TWG will be supported to develop regulations to promote methadone take-home doses and introduce Buprenorphine as alternative to methadone as well as to implement PrEP in MAT clinics. Country will be supported in recency testing data analysis to monitor epidemic trends and inform public health response to better target program resources. PEPFAR will support systematic and routine monitoring at community and facility service delivery sites that receive PEPFAR investments and will establish community-led rapid feedback to improve health service delivery and outcomes. To reduce stigma and remove policy barriers, PEPFAR will support local CBOs to implement S&D reduction advocacy activities, support on revision of HIV criminalized policy and legislation. Moreover, to strengthen local leadership, PEPFAR will support capacity building activities of a cohort of PLHIV/KP female leaders to address S&D, gender equality and social inclusion.

To filling the gaps in case finding and PrEP uptake, PEPFAR will continue community driven HIVST and PrEP demand generation scale up through support of implementation of the unified national level branded SBCC strategy promoting status neutral strategy and HIVST health seeking behavior, and PrEP uptake. PEPFAR will continue to support CSOs in applying and managing social contracting grants to promote sustainability through domestic resource mobilization.

PEPFAR will closely work with the MOH and other international organizations to scale up the successful activities to the National level. As per the Republican AIDS center, the GSM approach resulted in better coverage by and improved quality of HIV services. This activity and other PASIT activities that will show their effectiveness in PEPFAR supported SNUs will be scaled up to the National level with support from other donor agencies.

For each of the PASIT activities, there have been identified SMART outputs and outcomes to effectively monitor progress achieved in closing system gaps as a result of implementation of the PASIT activities.

The main goal of the system investment is to create a favorable environment and policies to successfully implement best, evidence-based practices in the country. The indication that the system is adequately functioning will be that all the expected outputs and outcomes are achieved.

APPENDIX D – Optional Visuals

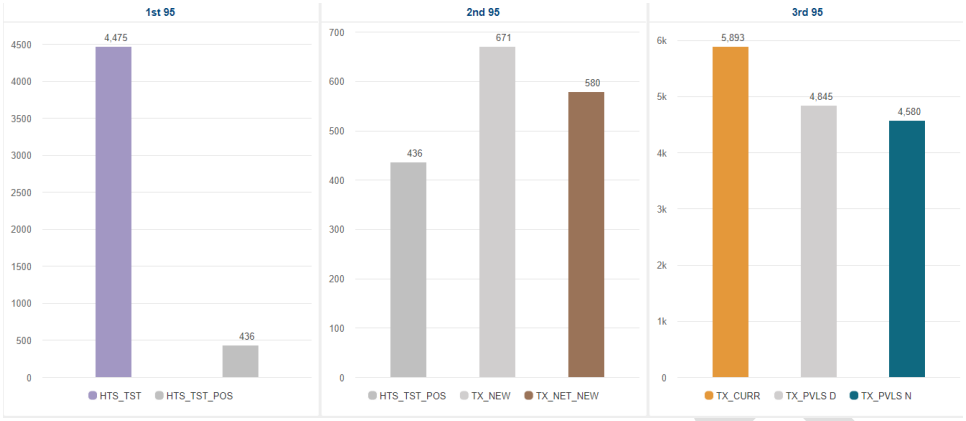


Figure 53: Overview of 95/95/95 Cascade, FY23, Tajikistan

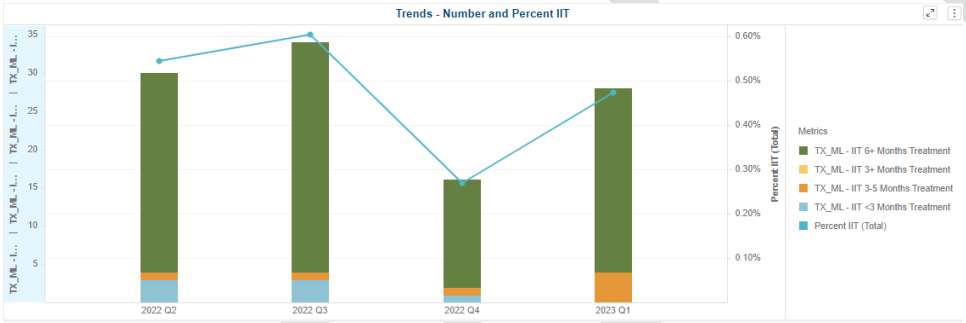


Figure 54: Clients Gained/Lost from ART, FY22 Q2 - FY23 Q1, Tajikistan

Figure 55: Clients Gained/Lost from ART by Age/Sex, FY22 Q4, Tajikistan

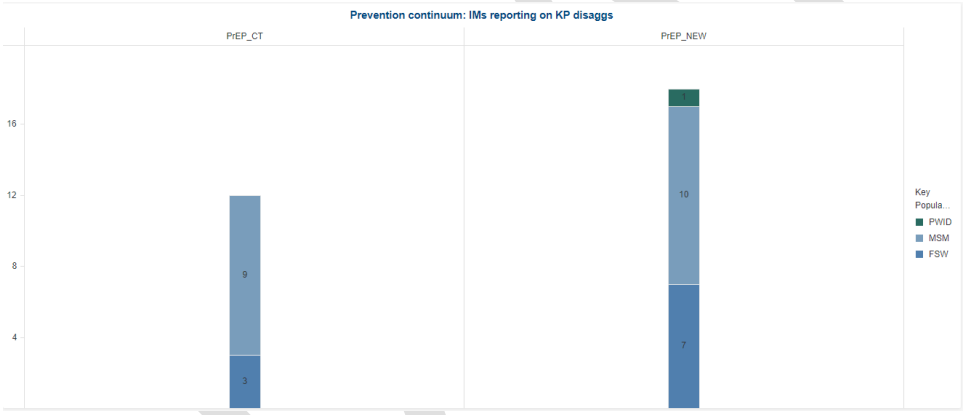


Figure 56: Prevention Continuum by Key Population Group, Tajikistan

PEPFAR Thailand

Vision, Goal Statement, and Executive Summary.

The ROP23 vision for Thailand is to advance and sustain HIV epidemic control, focused on KPs, young people, and those at risk within their networks. PEPFAR Thailand will implement the PEPFAR 5x3 strategy by advancing national progress towards epidemic control; leading with data to inform program implementation quality and potential shifts; increasing domestic financing for key population-led health services (KPLHS); strengthening policy frameworks, systems, and capacity to improve the HIV clinical cascade; and transitioning the program for increased sustainability. Specifically, the PEPFAR Thailand program aims to focus on:

1. Health Equity for Priority Populations: Enhance people-centered and tailored comprehensive package of services at KPHLS sites focused on young KP and support TA to the Royal Thai Government (RTG)
2. Sustaining the Response: Strengthen KP CBOs and Public Health Office (PHO) capacity and enhance status-neutral approach linked to layered integrated HIV services in both community and public health settings
3. Public Health System and Security: Solidify improvements to the national system and increase community resilience to future health threats
4. Transformative Partnerships: Improve coordination among bilateral and multilateral organizations to reach common objectives
5. Follow the Science: Use data-driven approaches to address gaps and improve people-centered services

Thailand's Epidemiology and Remaining Gaps

In 2022, Thailand's HIV cascade was at 90-90-97 (GAM 2022): 90% of PLHIV know their status, 90% of those diagnosed were linked to ART, and 97% of those on ART achieved viral suppression. These figures differ from 2021 estimates of 94-91-97, when the number of PLHIV was estimated at 540,000 instead of 561,572 (Spectrum AEM 2023 31Mar2023 (V6.28) V2). Thailand has one of the highest HIV prevalence rates in Asia, with a 1.01% HIV prevalence among those aged 15-49. Key populations, including MSM, PWID, TGW, and FSW, have higher HIV prevalence than the general population (see Table 1.1).

The PLHIV Stigma Index 2.0 from 2022 revealed that approximately half of 18–24-year-old PLHIV reported experiencing internalized stigma, and 15% of youth reported having negative experiences with healthcare workers. Despite significant achievements made in the last decade,

stigma, and discrimination (S&D) combined with limited HIV youth-friendly services remain primary barriers for youth, including KP youth, to readily access critical HIV services.

Strategies and System Status

Thailand's National AIDS Strategy (2017–2030) aims to achieve 95-95-95 by 2030 by supporting combination prevention programs for KPs and working in partnership with CBOs to reach people at higher risk where they live and work. The Ministry of Public Health (MOPH) implemented an ending AIDS network model, which strengthens community-facility partnerships and promotes provincial level ownership.

Thailand's health system is highly functional and includes universal health coverage so that most people are within reach of health services. In January 2022, the National AIDS Program (NAP) transitioned to a DTG regimen (TLD) as Thailand's preferred first-line treatment for PLHIV. By December 2022, more than 90% of newly diagnosed PLHIV and 74% of PLHIV on ART received DTG-based regimens. The National Health Security Office (NHSO) allows MMD for up to six months, and the Social Security health insurance scheme allows MMD for up to three months. However, KPs are less likely than other groups to access treatment. Additionally, those accessing treatment often do not reveal their KP status to health workers when accessing the health care system.

In 2022, 91% of newly diagnosed PLHIV were linked to ART services. Of these, 40% received same-day or rapid ART initiation. Because half of newly diagnosed PLHIV are late presenters, 30% of HIV-related deaths occur within three months of diagnosis. Gaps remain in incomplete data and fragmented data systems (e.g., TB/HIV and other co-morbidity and mortality data are not routinely available). Integrated TB/HIV and other co-infection surveillance is being set up via the national HMIS platform with PEPFAR support.

*Table 83: 95-95-95 cascade: HIV diagnosis, treatment, and viral suppression** (national), Thailand*

95-95-95 cascade: HIV diagnosis, treatment, and viral suppression** (national), Thailand										
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* (2nd 95) (%)**	**Viral Suppression (%)**	**Tested for HIV (#)**	**Diagnosed HIV Positive (#)**	**Initiated on ART (#)**
Total population	71,328,304	0.79%	561,572	507,617	457,133	90%	391,167 (86%)	1,307,525	25,235	*21,178*
Population <15 years	10,973,252	0.02%	1,687	1,743	1,284	74%	995 (78%)	23,914	97	*73*
Men 15-24 years	4,438,257	0.41%	18,254	12,463	7,075	57%	4,532 (64%)	160,204	3,023	*2,618*
Men 25+ years	24,544,347	1.27%	310,650	281,901	256,948	91%	218,604 (85%)	549,511	15,085	*12,559*
Women 15-24 years	4,196,988	0.18%	7,384	7,248	3,785	52%	2,468 (65%)	108,023	937	*835*
Women 25+ years	27,175,462	0.82%	223,599	204,262	188,041	92%	165,486 (88%)	465,873	6,093	*5,093*
MSM	608,000	12%	72,945	38,937	31,766	53%	28,059 (82%)	122,526	6,358	*5,575*
TG	206,800	2.9%	6,037	1,877	1,439	77%	1,075 (75%)	7,815	423	*350*
FSW	67,000	1.2%	825	2,519	1,828	72%	1,303 (72%)	27,228	535	*431*
PWID	56,700	11%	6,244	2,342	1,797	77%	1,444 (80%)	9,684	181	*161*

Datasource: SPECTRUM AEM Thailand Spectrum-AEM_31Mar2023(V6.28)_V2, and National AIDS Program Data FY2022

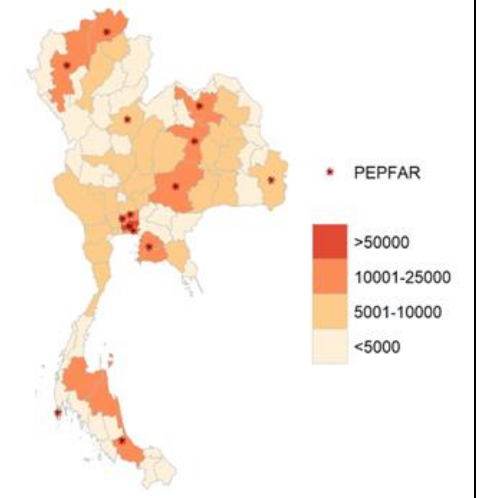
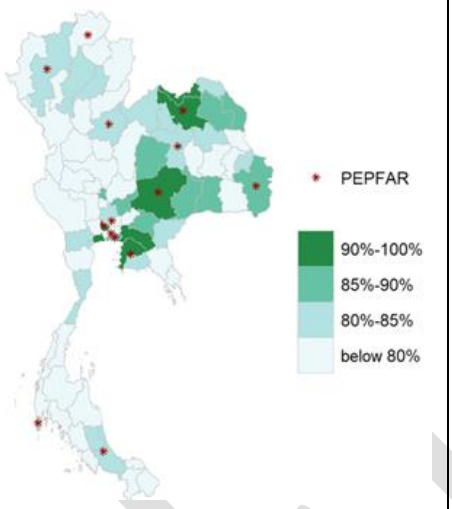
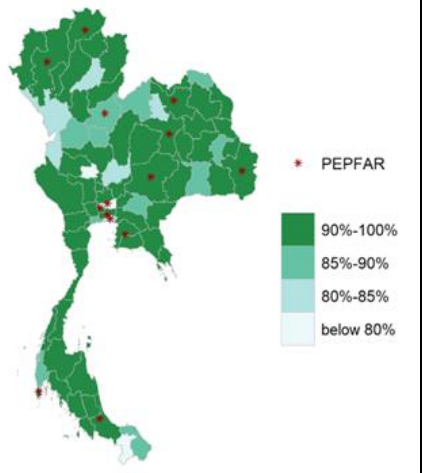
[a] Thailand Spectrum-AEM_31Mar2023(V6.28)_V2, an estimated number of FSW with HIV from AEM was less than program data which may be due to different definitions used in the modeling and program data collection.

b National AIDS Program Database FY2022

*ART coverage: Calculated by clients on ART/diagnosed PLHIV, all PLHIV on ART using Spectrum AEM 31Mar2023(V6.28)_V2, MSM, TG, FSW, PWID on ART using NAP 2022.

**Viral load suppression: Calculated using program data instead of the UNAIDS 2021/22 GAM guidance (which notes that for countries with viral load testing coverage greater than 50%, the 3rd 95 should be calculated from the number suppressed among those tested, multiplied by the total number of people on treatment). In 2022, this approach increased Thailand's 3rd 95 from 86% (using program data) to 97%.

People Living with HIV (PLHIV), Treatment Coverage, and Viral Load Monitoring Coverage

Distribution of PLHIV by PSNU	Percent Treatment Coverage by PSNU	Percent Viral Load Coverage by Province
		

Datasource: SPECTRUM AEM Thailand Spectrum-AEM_31Mar2023(V6.28)_V2, and National AIDS Program Data FY2022

Figure 57: People Living with HIV (PLHIV), Treatment Coverage, and Viral Load Monitoring Coverage, Thailand

PEPFAR Thailand supports 14 provinces: three at the above site (Nakhon Ratchasima, Nonthaburi, and Phuket) and 11 at the site level (Bangkok, Chiang Mai, Chiang Rai, Chon Buri, Khon Kaen, Pathum Thani, Phitsanulok, Samut Prakan, Songkhla, Ubon Ratchathani, and Udon Thani). In ROP21, the program transitioned 12 PEPFAR-supported sites to government support; with this transition, the total PEPFAR-supported sites are 35. By the end of ROP22, PEPFAR Thailand plans to transition two hospital sites and one treatment unit to above site. In ROP23, PEPFAR Thailand will change the target-setting PSNU level to country level (SNU = 1).

Table 84: Current Status of ART Saturation, Thailand

Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for ROP23[a]**	**# Current on ART (FY22)[a]**	**# of SNU ROP22 (FY23)**	**# of SNU ROP23 (FY24)**
Scale-up: Saturation	--	74,250	11	1
National	554,454	457,133	--	--

[a] *Thailand Spectrum-AEM_31Mar2023(V6.28)_V2 (1) using National AIDS Program (NAP) data report by the National Health Security Office and ARV self-paid report by Government*

Pillar 1: Health Equity for Priority Populations

PEPFAR Thailand is focused on preventing new HIV infections among young KP by continuing people-centered and gender-affirming approaches that cater to their specific needs and contexts. This involves expanding current prevention strategies and implementing innovative solutions, such as HIV self-testing and integrating treatment for STIs and mental health care into HIV services.

To meet the 95-95-95 objectives, PEPFAR Thailand will promote youth-friendly HIV and STI treatment and care services by 1) developing a community- and facility-based youth-friendly service guide through a collaborative approach with the MOPH Department of Disease Control (DDC), KP-CBOs, GFATM, UN agencies, private sector, and youth-led organizations; 2) providing training to KPLHS sites; 3) integrating youth-friendly services with other KPLHS; and 4) establishing a youth TA working group to develop a youth-friendly standardized package for youth KP to ensure incorporation of correct information and appropriate care per their needs. Furthermore, youth groups in each province will play an active role in designing and monitoring HIV-related services.

To address internalized stigma, which was highest among youth, PEPFAR Thailand (LIFT-UP funds) will integrate proactive S&D interventions in service provision at KPLHS sites and PEPFAR-supported health facilities and provide mental health counseling that fits their needs. Additionally, PEPFAR will modify the MOPH Self-Stigma Reduction (SRP) package and conduct training for healthcare providers on SRP interventions. To reduce S&D in healthcare settings, the Thai DriSti e-learning program (pre-service training) to promote S&D-free care will be expanded to five PEPFAR-supported sites. To generate acceptance of HIV testing and treatment, U=U campaigns will be launched via social media platforms, and HIV self-test kits will be distributed at youth centers and private pharmacies.

Pillar 2: Sustaining the Response

PEPFAR Thailand's plan to sustain the national HIV response aims to align PEPFAR resources and strategies with national priorities, identify and address health systems gaps, and support the development and operationalization of a sustainability plan and road map. The latter is a new process that is designed to respond to input from stakeholder consultations. In ROP23, PEPFAR Thailand will conduct a rapid assessment to identify the rules, regulations, and structural barriers preventing CBO integration into the national HIV response system. PEPFAR Thailand will disseminate findings and advocate for policy updates or changes, maximizing the

KPLHS model to accelerate ending AIDS and ensuring the sustained involvement of CBOs in the national healthcare system. This will involve optimizing the costing, payment options, contracting system, and coverage for CBOs. Additionally, PEPFAR Thailand will pilot a revised social contracting mechanism at select KPLHS sites and document the process, highlighting gaps and challenges. Finally, PEPFAR Thailand will provide support during implementation to ensure successful roll-out of the social contracting mechanism.

PEPFAR Thailand has supported MOPH to establish a National HIV Quality Improvement committee to address late access to ART, supervise low-performance sites, and promote ownership through the Provincial Ending AIDS model. In ROP23, PEPFAR Thailand will work with MOPH and the Healthcare Accreditation Institute (HAI) to develop standardized accreditation metrics for the certification of healthcare workers and provincial network at the provincial level, with re-certification required every three years to sustain service quality.

PEPFAR Thailand will provide training and coaching to healthcare teams, conduct site visits, and offer coaching to low-performing hospitals. The coaching team comprises healthcare professionals trained in QI methods, and in HIV prevention, care, and treatment to ensure high-quality person-centered care. In ROP23, PEPFAR Thailand and MOPH plan to have at least three coaches per province on the QI coaching team to support ten PEPFAR-supported provinces and offer QI coaching to 50% of the low-performing sites.

For health facilities in PEPFAR-supported provinces approaching 95-95-95, PEPFAR Thailand and MOPH will support high-performing hospitals in the HIV Disease Specific Certification (DSC) process with HAI. The DSC process mobilizes health facility resources to sustain service quality in DSC-certified hospitals in PEPFAR-supported provinces. DSC-certified hospitals must be re-certified by HAI every three years to ensure quality. In ROP23, PEPFAR Thailand will provide coaching activities to hospitals in the pre-survey phase to promote HIV-DSC certification in tertiary care hospitals and university hospitals in PEPFAR-supported provinces and support best-practice exchanges between hospitals.

Pillar 3: Public Health Systems and Security

In ROP22, the national program encountered several structural challenges: limited reimbursements of prevention services under the social security scheme and civil service medical benefit scheme due to a lack of enforcement under the universal health coverage act; and new guidelines that limited community-based PrEP services. Both situations continue to

negatively impact PrEP services in Thailand. Therefore, PEPFAR Thailand will conduct a rapid assessment regarding CBO barriers to integration within the national HIV response. PEPFAR Thailand will work collaboratively with key stakeholders from governments, community, and multilateral partners to develop a CBO sustainability roadmap, which will include technical and functional capacity building.

In addition, PEPFAR will support KPLHS sites to work closely with provincial health offices and local stakeholders to identify key structural barriers preventing client access to HIV services to make shifts in the local public health system to encourage KP to seek services. CLM data will be used to identify prevention and treatment gaps aiming to reshape interventions and enhance local public health system. PEPFAR will also prioritize addressing comorbidities (NCDs, TB/HIV, STI, and hepatitis management) and improving the person-centered quality of HIV services (management of AHD, care for adolescents living with HIV, enhanced adherence counseling and treatment literacy, DSD, and telehealth), which will involve building healthcare worker' capacity.

Supply Chain Modernization and Adequate Forecasting

PEPFAR Thailand's HIV procurement and supply chain strategy is focused on optimizing resources and leveraging partnerships. In ROP23, PEPFAR Thailand will continue collaborating closely with the GFATM to complement existing resources. While PEPFAR Thailand does support some commodities in PEPFAR-funded sites, the program will also continue to provide TA and GFATM will provide HIV test kits, self-test kits, condoms, and lubricant to PEPFAR-supported sites. These supplies are targeted at clients who are not covered under the UHC scheme and non-Thai clients. Thailand's 2022 data reported 91% VLC among eligible clients. To increase VLC among KP, PEPFAR Thailand is committed to supporting community-based VL testing, a one-stop service at KPLHS sites, and same-day VL results. PEPFAR Thailand will procure GeneXpert VL cartridges specifically for KP clients who have difficulty accessing facility based VL testing.

Laboratory Systems

PEPFAR Thailand and MOPH will implement strategies to improve VLC and continuous QI efforts, such as TA, site visits, and strengthening regional Office for Disease Prevention and Control staff capacity to provide effective VLC mentoring to hospitals in their region. PEPFAR Thailand will support laboratory guideline updates for HIV, Hepatitis, and STIs, incorporate HIV

eLearning for lab staff into the lab accreditation process, and promote its use for renewing licenses, while monitoring the platform's utilization and making necessary improvements. Furthermore, PEPFAR Thailand will support the development of an Application Programming Interface for sending lab data to the national AIDS database, promote it at PEPFAR-supported sites, share benefits of using the Medical Appointment Notification Application for CQI, and develop a tracking specimen system through LINE OA to monitor specimen quality during transportation. Finally, to support the quality of results for recent infection surveillance, PEPFAR Thailand will prepare and distribute dried tube samples for quality control and external quality assessment in rapid tests for recent infection. PEPFAR Thailand will also support the Thai National Institute of Health to prepare HIV culture supernatants stock for VL EQA and collaborate with other organizations in Asia.

Human Resources for Health

PEPFAR Thailand will support capacity building of public health and community health workers in HIV service provision under the national healthcare system. This support will involve proposing new national guidelines, providing series of trainings, and coaching to equip health workers with updated HIV-related knowledge. In ROP23, PEPFAR Thailand will help update several HIV/AIDS national guidelines, which are crucial for the health workforce to implement innovations in HIV service delivery. These guidelines also direct reimbursement for health services from NHSO, Social Security Office, and Civil Servant Medical Benefit Scheme.

As the PEPFAR Thailand program gradually transitions from direct service provision at the site level to TA and above site, PEPFAR Thailand's role in providing TA and capacity building for the health workforce becomes even more critical. In ROP23, PEPFAR Thailand is committed to enhancing the capacity of CHWs and CBOs to provide HIV services as an integral part of Thailand's national healthcare system. To achieve and sustain this system, PEPFAR Thailand will

1. Collaborate with the DDC to fortify and maintain the CHW certification and CBO accreditation system by reassessing regulations, laws, and decentralizing training centers to the provincial level
2. Enhance the CHW certification system that aligns with the requirements of each CHW group and review the committee's composition to include input from all pertinent stakeholders

3. Facilitate the development and deployment of CHW QA tools through provincial QA/QI committees
4. Review the committee membership, which should be expanded to include representative from key stakeholders such as CHW, CBO, DDC, four healthcare professional councils (physician, pharmacist, med-tech, and nurse), NHSO, and multilateral agencies
5. Collaborate with NHSO to enhance CBOs' ability to access domestic funding to support the sustainability of the health security system

PEPFAR Thailand also supports the Extension for Community Healthcare Outcomes model, an online learning network and community of practice, and promotes onsite training focusing on interventions such as SDART, enhanced adherence counseling, treatment literacy, S&D, and management of AHD and NCDs.

Pillar 4: Transformative Partnerships

PEPFAR Thailand has forged strong partnerships with a range of in-country stakeholders, including government, community, and multilateral partners, from provincial to national and regional levels. Through supporting CBO sites, PEPFAR Thailand has facilitated HIV direct service delivery and linkage to treatment (known as ‘reach’, ‘recruit’, ‘test’, ‘treat’, ‘prevent’, and ‘retain’ in Thailand), resulting in impressive HIV performance outcomes reported to the national database systems. For instance, community-based PrEP services, which accounted for over 80% of the total national PrEP performance in 2022, were primarily led by CBOs.

PEPFAR Thailand collaborated with UNAIDS to study unit costs of HIV service provision at KPLHS sites. Based on the findings, PEPFAR Thailand proposed new unit costs to the NHSO to strengthen domestic financing for CBOs and help sustain community-led services within the national healthcare system. Furthermore, PEPFAR Thailand participates in the GFATM Country Coordinating Mechanism and oversight committees, through which the PEPFAR Thailand team has provided TA for the 2024-2026 HIV grant period.

Although significant progress has been made, HIV-related S&D remain critical challenges to achieving the 95-95-95 objectives. UNAIDS is spearheading efforts to address this issue, and PEPFAR Thailand will support KP-led CBOs in partnering with UNAIDS to reduce S&D. PEPFAR Thailand also participates in the Focal Country Collaboration efforts led by UNAIDS.

PEPFAR Thailand recognizes the critical importance of data systems in reporting on HIV performance, and as such, will work closely with the RTG, NHSO, Social Security Office, and private sector to enhance reporting on the HIV status neutral interventions. Additionally, PEPFAR Thailand will pursue opportunities to bolster program efforts through partnerships with the private sector, including continuing HIVST distribution through pharmacies and working with CBOs to make critical connections to creatively augment financial diversification efforts.

Pillar 5: Follow the Science

PEPFAR Thailand will support the MOPH to ensure national policies align with current scientific evidence. For example, PEPFAR Thailand plans to support the revision of national prevention guidelines to incorporate HIV self-testing with PrEP, HBV, HCV, and index testing services. PEPFAR Thailand will also promote the distribution of HIV self-tests through private pharmacies and KPLHS sites in close collaboration with the DDC. PEPFAR Thailand recognizes the importance of staying up to date with the latest PrEP long-acting (LA) interventions. To this end, PEPFAR Thailand will engage in knowledge sharing with key stakeholders such as the GFATM and UNAIDS to identify ways to introduce PrEP LA as an option for those in need. Additionally, PEPFAR Thailand will engage in advocacy activities with the national HIV program to ensure that PrEP LA is added under the UHC scheme.

Surveillance of Recent HIV Infections

Expanding on the robust case surveillance system in Thailand, PEPFAR will continue to support recency surveillance in approximately 100 surveillance sites in eight provinces (including Bangkok Metropolitan) throughout the country. The program will use specific case surveillance criteria, such as new diagnosis, ART-naïve or on ART less than 28 days, and CD4 at HIV diagnosis > 200 cell/mm3, to identify eligible individuals for targeted recency testing. Recency test results will not be disclosed to individuals but will be leveraged to inform targeted interventions based on the epidemiologic profile of recent cases. The implementation of this recency program will reinforce existing surveillance efforts and enhance the effectiveness of the HIV response.

KP Size Estimating using Network Scale Up Method (NSUM)

Leveraging existing infrastructure and the success of the online Respondent Driven Sampling survey conducted among MSM in 2022, PEPFAR Thailand will estimate KP and priority population sizes, such as MSM, TGW, PWID, FSW, and clients of FSW, using the Network

Scale Up Method. To ensure accurate measurement of program coverage among KPs, the new data will be triangulated with the current AEM. This initiative aims to enhance the accuracy and reliability of population size estimates, ultimately supporting evidence-based programming and the efficient allocation of resources.

Strategic Enablers

Community Leadership

Since ROP21, CLM activities have been implemented in four geographical areas. PEPFAR Thailand will continue to support CBOs and PLHIV networks to expand CLM activities while sharing CLM data and findings to inform policy and improve quality of HIV services. PEPFAR Thailand will also provide technical support to the MOPH and CBOs who lead the CLM.

ROP23 Co-Planning Stakeholder Engagement

During the ROP23 development process, PEPFAR Thailand's approach involved engaging a wide range of stakeholders to ensure transparency, alignment, and efficiency of HIV program implementation. PEPFAR Thailand worked with the RTG and other stakeholders, including CBOs, and multilateral partners to coordinate and align efforts to respond to the HIV epidemic. At the community level, PEPFAR Thailand engaged with KP groups and other community stakeholders to ensure that a comprehensive package of HIV services is tailored to meet their specific needs. During the Pre-ROP Co-planning stakeholder engagement, the PEPFAR Thailand team discussed the following items in detail:

- Geographic areas: Stakeholders' concern is that some members of priority populations are not being reached by the HIV response. Since the GFATM is being mandated to use 50% of its funds for 2024-2026 to support PWID activities in non-PEPFAR-supported provinces, PEPFAR will continue supporting expansion of the KPLHS model in some GFATM sites to complement that mandate. As such, PEPFAR Thailand and the GFATM will continue to discuss target population and geographic distribution in coordination with MOPH to maximize our collective investments and impact.
- CHW certification: PEPFAR Thailand can help accelerate the certification process of CHWs/CBOs and expand in non-PEPFAR-supported provinces. KP-led models that involve CBOs in HIV service provision should be promoted, with clear timelines and budget integration from all partners. Regulatory barriers preventing provision of HIV services by CBOs should be identified and addressed.

- Self-testing: Reimbursement and compensation of services provided by CBOs need to be evaluated, while NHSO defines the population covered by HIV self-test benefits.
- PrEP: Promotion of PrEP and U=U should be increased, including through behavioral studies that demonstrate the inadequacy of condoms alone. Efforts to change negative viewpoints towards PrEP and U=U among specific groups and organizations should be considered.
- Human rights, gender inequity, and adolescents should be prioritized in HIV prevention efforts. CBOs can play important roles in supporting primary health care.

In addition, the PEPFAR Thailand team worked with stakeholders to develop the ROP23 co-planning discussion points as follows:

- Limited access to HIV services among young KPs
- Not maximizing community-based services to KP who are in need
- Lack of up-to-date CBO-related national rules and regulations allowing CBOs to provide services tailored to the needs of KP
- Limitations to implementing innovative approaches at scale for program impact
- Unstable domestic health financing system to CBOs, leading to insecure community HIV services to KP who are in need

Leveraging Community Platforms

PEPFAR Thailand is continuing to support KP-led CBOs to implement social enterprise business models, which is one of the strategies to foster sustainability and diversified financing. PEPFAR Thailand will support technical knowledge and practice on managing social enterprises, including business design, management, product development, branding and marketing, supply chain management, financial planning, and sharing lessons learned in South-to-South regional fora. These activities will contribute to expansion of KP-led CBO leadership beyond HIV service provision to integrated business practices.

Innovation

PEPFAR has supported a number of HIV interventions through demonstration sites, including test and treat; SDART; community-based PrEP; HCV treatment through community-based testing and care for PWID and their partners; and integration of HIV, STI, TB, HBV, and HCV testing and treatment services at KPLHS sites and healthcare facilities. In ROP23, PEPFAR Thailand will integrate mental health and NCD screening and linkage to treatment into KPLHS

services and PEPFAR-supported health facilities using a person-centered approach. Moreover, chemsex in MSM is a key barrier to HIV prevention; therefore, PEPFAR will collaborate with the GFATM in developing harm reduction approaches and standardizing HIV prevention models in KP-led organizations. PEPFAR-funded CBOs have developed innovations, including a social enterprise (Accelerating Community Technology, Social Enterprise) that markets their online database application; sex worker mapping TA modules; and online social media recruitment, which have been shared with other CBOs in Thailand and other countries in Asia.

Leading with Data

PEPFAR Thailand is committed to promoting data use for decision making at community and facility levels. At the facility level, PEPFAR Thailand has used the NAP database as the main data source for program monitoring and reporting. PEPFAR Thailand will continue to leverage and improve national program data quality for accurate program monitoring and QI. PEPFAR Thailand will also continue to provide TA for person-centered longitudinal data analysis, improving data linkage from HIV testing, linking to prevention and treatment programs, and using data to enhance HIV and KP services.

Community sites in PEPFAR-supported PSNUs generate granular data that include service delivery modality and risk behaviors. This information is critical in understanding epidemiological trends and program gaps, especially among hard-to-reach populations. PEPFAR Thailand will support quarterly reviews, interpretation, and use of community status-neutral data together with relevant government sectors. PEPFAR Thailand will advocate for joint data quality assessments to promote the alignment of data quality standards. Using FHI360's M&E Assessment Tool, key components of the community-level M&E framework will be assessed.

Target Tables

Table 85: ART Targets by Prioritization for Epidemic Control, Thailand

ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY23)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24)** ***TX_CURR***	**Newly Initiated Target (FY24)** ***TX_NEW***	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Scale-Up Saturation	**194,847**	**2,806**	**40,708**	**47,379**	**3,785**	**91%**	**N/A**

Total	**194,847**	**2,806**	**40,708**	**47,379**	**3,785**	**91%**	**N/A**

Data source: AEM spectrum update 23 Feb 2023 and ROP23 Target Setting Tool

Table 86: Target Populations for Prevention Interventions to Facilitate Epidemic Control, Thailand

Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target**	**FY25 Target**
KP_PREV (MSM & TG)	**814,800**	**78,982**	**36,451**	N/A
TOTAL	**814,800**	**78,982**	**36,451**	**N/A**

Data source: AEM spectrum update 23 Feb 2023 and ROP23 Target Setting Tool

Core Standards

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**.
    - ❖ PEPFAR Thailand and MOPH launched index testing in 2020, with recommendations for healthcare workers (HCWs) to provide index testing services to all previously undiagnosed adults and children living with HIV. PEPFAR Thailand provided capacity building to HCWs on index testing training, M&E, and supportive supervision, and worked with MOPH and CBOs to expand index testing to GFATM-supported sites. The initiative also offered HIV self-tests to clients, with plans to expand to other PEPFAR-supported sites and integrate index testing into routine monitoring with NHSO support. In ROP23, the plan is to revise SOPs, provide refresher training to HCWs, and expand to remaining GFATM-supported sites.

2. **Fully implement "test-and-start" policies.**
    - ❖ Thailand has implemented a nationwide Test-and-Start policy for PLHIV, with SDART when possible. The policy includes up to two free HIV tests per year, and the provision of ART and lab packages for eligible Thai nationals. In 2022, the

time between HIV diagnosis to ART initiation was reduced, and PEPFAR Thailand will continue to promote SDART in supported sites. Community-based SDART is being expanded to more KPLHS sites in ROP23, and partner testing will continue to be scaled up in PEPFAR-supported sites.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.**
    - ❖ PEPFAR Thailand has implemented a successful community-based PrEP service through KP-led CBOs, supervised by public facilities, with physicians prescribing PrEP via telemedicine and pharmacists digitally signing off on PrEP drugs dispensed by CBOs. In ROP23, PEPFAR-funded CBO partners will be key PrEP technical providers to expand PrEP services outside of PEPFAR-funded sites and provinces. PEPFAR Thailand will strengthen collaboration among facilities and community-based settings to provide quality PrEP and PEP services. On PEP, PEPFAR Thailand will collaborate with NHSO, with NHSO reimbursing PEP at network facilities with ART clinics, and PEPFAR incorporating PEP to the community-based PrEP model. For non-Thai clients, PEPFAR continues to support laboratory testing for PrEP and PEP requirements, while KPLHS sites have received PrEP and PEP drugs from the GFATM.

4. **Provide OVC- and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**.
    - ❖ This is not applicable to PEPFAR Thailand.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.**
    - ❖ All HIV services (ART, cotrimoxazole, ANC, TB screening, cervical cancer, PrEP, condoms, and lubricants) are fully covered under UHC in the public sector.

6. **Eliminate harmful laws, policies, and practices that fuel S&D, and make consistent progress toward equity.**
    - ❖ The MOPH led the implementation of the 3x4 facility-based S&D reduction package with support from multiple stakeholders. The package includes three levels of intervention with healthcare facilities (individual level, system/health facility structure, and health facilities-community linkage) and four actionable

drivers of S&D reduction (raising awareness, fear of HIV infection, social stigma attitudes, and environment in health facility). PEPFAR Thailand collaborates with UNAIDS, and the national S&D task force led by the Human Rights Committee to implement national S&D action plans.

7. **Optimize and standardize ART regimens.**

- National guidelines recommend TLD as the preferred first-line regimen for all PLHIV. TLD and DTG-based regimen uptake were 89% (4,556) among newly diagnosed PLHIV and 52% (421,970) among PLHIV currently receiving ART in Q4 of 2022. Thailand experienced a stock-out of medications during the TLD transition process, which was addressed by several meetings held by key stakeholders. PEPFAR Thailand also supported coordination with these partners to discuss the timeline for the pediatric DTG drugs registration and consulted with CDC HQ on options for drug donations. In ROP23, PEPFAR Thailand will continue to support TLD and pediatric DTG uptake monitoring and training to HCWs and coordinate with relevant stakeholders on drug procurement.

8. **Offer DSD models.**

- National guidelines recommend a maximum ART dispensing period of 3-6 months, while the NAP allows a maximum dispensing period of six months, and the Social Security Scheme allows for three months. DSD models, including telemedicine, 4- to 6-month MMD, and fast-track ART refills, have been implemented in Thailand for many years, and common models were continued after the COVID-19 outbreak. In ROP23, PEPFAR Thailand will continue to support telemedicine for HIV services and introduce this model in selected PEPFAR-supported provinces, as well as provide coaching support to increase uptake of 6-month MMD. One-stop KPLHS provides community-based KP-friendly services for KP who cannot access facility-based HIV services during official hours.

9. **Integrate TB care.**

- National guidelines recommend TPT for newly diagnosed PLHIV with a CD4 count of less than 200. The new TB/HIV guidelines were published in 2022 to provide a clear algorithm and indications for TPT among PLHIV. PEPFAR

Thailand is working with MOPH on the national TPT database and supporting 2,000 Interferon-Gamma Release Assays (IGRA) tests to PEPFAR-supported sites. At KPLHS sites, community-based TB screening protocols are in place, TB screening has been integrated into HIV services, and CHWs have been trained to provide TB screening and conduct fast-track referral if clients potentially have TB and/or other contagious respiratory infections. In ROP23, PEPFAR will work with the MOPH to develop supporting documents to advocate the inclusion of IGRA in the TPT algorithm for PLHIV based on the new TB and HIV guidelines. Additionally, PEPFAR will support MOPH and Bangkok Metropolitan Administration (BMA) on coaching activities to improve TPT uptake among PLHIV.

10. **Diagnose and treat people with AHD.**

- ❖ Findings from the Thailand HIV program review in November 2022 showed that about half of newly diagnosed PLHIV are late presenters (CD4 count <200 cells/mm^3). During 2021-2023, PEPFAR Thailand supported use of Urine TB lateral flow urine LAM (LF-LAM) in PEPFAR-supported sites. The initial finding demonstrated that urine TB LF-LAM promoted early TB diagnosis and treatment. In 2023, PEPFAR and the MOPH are developing supporting documents to advocate for the inclusion of urine TB LF-LAM in the NAP benefit package for AHD patients. In ROP23, PEPFAR will continue to support the capacity building of healthcare workers through ECHO sessions on the AHD management package and promote uptake of opportunistic infection screening according to the national HIV treatment guidelines.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**.

- ❖ PEPFAR has supported optimization of the diagnostic network to improve VLC and CQI efforts by providing TA and conducting routine monitoring in collaboration with provincial labs and key stakeholders. In ROP23, PEPFAR will enhance CQI efforts at low performing sites, strengthen capacity of ODPC staff to provide effective mentoring to hospitals in their region, and advocate the adoption of the HIV eLearning certification to be included in the accreditation program for laboratory personnel. In addition, lab guidelines for HIV, hepatitis, and STIs will be revised, updated, and disseminated.

12. **Integrate effective QA and CQI practices into site and program management.**

- ❖ Most hospitals in Thailand have an infection control unit to guide service implementation. PEPFAR Thailand supported use of DQA and DQI data for CQI and provided coaching to hospitals based on performance data and CQI activities. In FY23, PEPFAR and MOPH established a national QI committee to review national HIV data and use data for QI. In ROP23, PEPFAR and MOPH will define an annual CQI theme, identify low-performing hospitals for coaching, recognize hospitals that have developed successful best practices, and monitor progress toward ending AIDS.

13. **Offer treatment and viral-load literacy.**

- ❖ PEPFAR Thailand worked with MOPH to develop a treatment and VL literacy manual and job aids for HCWs and patients. Treatment literacy training was conducted for HCWs in PEPFAR-supported sites and 24 PLHIV-peer networks; this training will be expanded in ROP23. In ROP22, PEPFAR, in collaboration with MOPH, developed a treatment literacy tracking form and created a series of videos to disseminate knowledge among PLHIV in PEPFAR and non-PEPFAR-supported sites. In ROP23, PEPFAR Thailand will continue to promote U=U at all levels and the CLM committee will assess implementation of U=U messaging with clients.

14. **Enhance local capacity for a sustainable HIV response.**

- ❖ PEPFAR Thailand will expand CLM interventions to cover more facilities and provinces in ROP23. The CLM committee will partner with additional community stakeholders, such as members of youth KP groups, PLHIV, HIV human rights advocates, and migrant representatives. PEPFAR Thailand continues to support diversification of funding sources through domestic health financing and social enterprise business models. PEPFAR will continue to enhance technical and functional capacity in community and facility-based settings. PEPFAR will continue to support the CBO certification and accreditation system by enhancing the recertification and reaccreditation mechanism to ensure all CHWs meet the quality standards for service provision.

15. **Increase partner government leadership.**

- ❖ Thailand's National AIDS Committee oversees program implementation, with technical sub-committees responsible for monitoring and guiding implementation. The Provincial Ending AIDS Sub-committee engages local governors and stakeholders to implement policies and activities at the sub-national level. PEPFAR Thailand provides TA to DDC to develop the national Ending AIDS Operation Plan, M&E plan, and HIV data system (HIV Info Hub). PEPFAR Thailand supports Provincial Ending AIDS networks by providing TA to regional and provincial health staff to increase capacity in using data for M&E. In FY23, Chiang Rai and Phuket provinces signed MOUs, and Bangkok joined the Fast Track City Initiative, with PEPFAR Thailand supporting these expansion efforts to 2-3 additional provinces in ROP23.

16. **Monitor morbidity and mortality outcome.**

- ❖ PEPFAR Thailand has supported MOPH to establish a morbidity and mortality reporting system in the central MOPH health database. As part of this effort, HIV case definitions and algorithms were developed. MOPH currently maintains web-based reports on HIV co-morbidity and mortality, which have been instrumental in monitoring morbidity and mortality outcomes among PLHIV. However, these reports are limited to data from MOPH facilities only. To enhance the scope of reporting, PEPFAR plans to extend coverage to include government health facilities in Bangkok. This will involve working with the Bangkok Metropolitan Administration to develop a data sharing and integration platform in ROP23 and is expected to significantly improve monitoring of morbidity and mortality outcomes among PLHIV across a wider range of healthcare facilities.

17. **Adopt and institutionalize best practices for public health case surveillance.**

- ❖ All Thai citizens are assigned a unique national ID number at birth, which is widely utilized across the country's health system. Building upon this reliable system, PEPFAR Thailand will provide TA for person-centered longitudinal data analysis, improving data linkage from HIV testing, linking to prevention and treatment programs, and using data to enhance HIV and KP services in ROP23.

USG Operations and Staffing Plan to Achieve Stated Goals

In ROP23, the USAID staffing pattern remains unchanged from ROP22. USAID has been recruiting for two vacant positions, prioritizing the Sustainable Health Financing position, based on the needs of the region. The total USAID CODB for ROP23 has slightly increased from ROP22 by 4% due to increased staffing costs and travel. With the recent lifting of the COVID-19 related travel restrictions in Thailand, USAID anticipates more travel for staff to undertake field monitoring and site visits.

CDC's ROP23 CODB has been reduced by 12.5% from the ROP22 level due to savings in U.S. Direct Hire and LE staffing costs and travel to apply toward implementing partner activities. No new position requests are being made in FY24 for CDC.

APPENDIX A – PRIORITIZATION

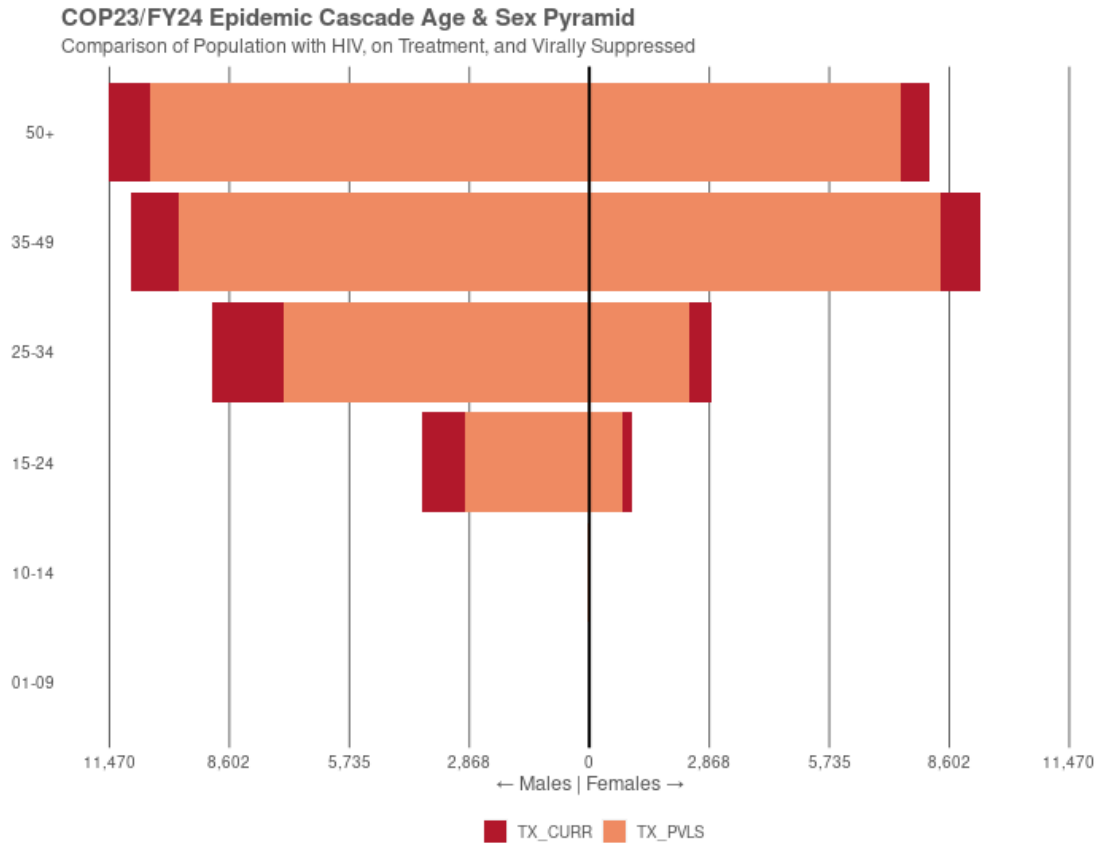


Figure 58: ROP23 Epidemic Cascade Age/Sex Pyramid, Thailand

APPENDIX B – Budget Profile and Resource Projections

Table 87: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Intervention, Thailand

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$12,830,000**	**$12,830,000**
Asia Region	**Total**		**$12,830,000**	**$12,830,000**
	Thailand	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$695,632	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$158,035
		ASP>Human resources for health>Non Service Delivery>Key Populations	$45,020	$5,000
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$721,309	$66,000
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$405,227	$407,305
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$367,950
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$987,545
		ASP>Public financial management strengthening>Non Service Delivery>Key Populations	$15,000	$25,000
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$52,205
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$63,585
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$478,795	$499,667
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$582,140	$445,609
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$1,584,847	$1,910,454
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$14,810	$101,928
		C&T>HIV Drugs>Service Delivery>Key Populations	$34,100	$20,000
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$6,400	
		C&T>HIV Laboratory Services>Service Delivery>Key Populations	$109,783	$100,000
		C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$8,573	
		HTS>Community-based testing>Non Service Delivery>Key Populations	$194,096	$219,863
		HTS>Community-based testing>Service Delivery>Key Populations	$260,000	$800,000
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations		$242,290
		HTS>Facility-based testing>Service Delivery>Key Populations		$106,099
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations		$84,125
		HTS>Not Disaggregated>Non Service Delivery>Key Populations	$27,167	
		HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$277,249	
		HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	$7,200	
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$607,078	$559,420
		PM>USG Program Management>Non Service Delivery>Key Populations	$1,685	$5,000
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$1,413,916	$2,383,367
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$199,177
		PREV>Not Disaggregated>Non Service Delivery>Key Populations	$100,000	$200,000
		PREV>Not Disaggregated>Service Delivery>Key Populations	$1,100,000	$1,200,000
		PREV>PrEP>Non Service Delivery>Key Populations	$236,957	$216,932
		PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$17,895	$46,144
		PREV>PrEP>Service Delivery>Key Populations	$1,575,333	$1,325,300
		PREV>PrEP>Service Delivery>Non-Targeted Populations		$6,000
		SE>Case Management>Service Delivery>Key Populations		$26,000
		SE>Case Management>Service Delivery>Non-Targeted Populations	$91,060	
			$2,218,728	

Table 88: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Program Area

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area

Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$12,830,000**	**$12,830,000**
Asia Region	**Total**		**$12,830,000**	**$12,830,000**
	Thailand	C&T	$2,819,448	$3,077,658
		HTS	$1,593,712	$1,452,377
		PREV	$3,214,183	$3,193,553
		SE	$141,060	$26,000
		ASP	$3,038,918	$2,132,625
		PM	$2,022,679	$2,947,787

Table 89: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Beneficiary, Thailand

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			**$12,830,000**	**$12,830,000**
Asia Region	**Total**		**$12,830,000**	**$12,830,000**
	Thailand	Key Populations	$6,912,329	$7,278,647
		Non-Targeted Populations	$5,917,671	$5,551,353

Table 90: ROP22, ROP23/FY 24, ROP23/FY 25 Budget by Initiative, Thailand

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative

Operating Unit	Country	Initiative Name	Budget	
			2023	2024
Total			**$12,830,000**	**$12,830,000**
Asia Region	**Total**		**$12,830,000**	**$12,830,000**
	Thailand	Core Program	$12,570,000	$12,830,000
		One-time Conditional Funding	$260,000	

B.2 Resource Projections

This is not applicable to PEPFAR Thailand.

APPENDIX C – Above Site and Systems Investments from PASIT and SRE

KP-CHW's role in the last miles stone of ending AIDS epidemic is critical. In Thailand, KP-CHWs have been a part of the national health workforce who could bring in high risk MSM and TG to HIV prevention and linkage to treatment and care. To sustain KP-CHWs, KP-led CBOs, and KPLHS to secure the national health system, PEPFAR will:

Support CHW recertification process

For the above-site activities, PEPFAR Thailand will address the need for a national recertification system for CHWs by supporting the renewal of CHW certificates and enhancing certification and accreditation processes at the provincial level. Mental health curriculum will be embedded into the existing training modules and integrate mental health screening and referral into services for KP-led service provision. To address out-of-date rules and regulations, a rapid assessment will be conducted to identify barriers to CBO integration into the national health system, and key results will be disseminated to advocate for policy updates.

Support revision of current social contracting mechanism

The social contracting mechanism will be revisited based on findings of the ROP22 costing study, with a revised mechanism piloted at selected KPLHS sites and pilot results documented for finalization and implementation. The national prevention guidelines will be revised to maximize HIV self-testing within PrEP, HCV, HBV, and index testing through CBOs.

Develop CBO sustainability roadmap

PEPFAR Thailand will develop a CBO sustainability roadmap to address technical and functional capacity building, with advocacy for endorsement from key stakeholders while aligning program activities (geography, priority populations) with GF and work to collaborate with the NHSO and private sector.

Safe and ethical index testing

PEPFAR Thailand will collaborate with MOPH to include HIVST as an option in the revised index testing/HIVST guidelines. Additionally, we will integrate supportive mechanisms into the coaching and monitoring system. We will collaborate with PLHIV Network to improve the support system.

PrEP and PEP

PEPFAR Thailand will build PrEP service skills and update knowledge, improve PrEP uptake and quality of PrEP service by promoting the capacity of CBOs and collaboration between CBOs and facilities. We will maximize HIVST to integrate into PrEP and other services.

Young KP model

PEPFAR will work with Thai MOPH and university hospitals to conduct Youth-friendly services training and an implementation guide for facilities and develop the national youth model and standardized package for youth-friendly HIV services.

National HIV QI committee

PEPFAR Thailand will support the Thai MOPH in establishing a National QI committee, identifying key QI themes, and conducting coaching support to promote HIV testing and linkage to SDART, support TLD transition, reducing drug stock-out issues, interruption in treatment, and mortality rate. The national QI committee will also define provincial ending AIDS criteria for monitoring by collaborating with multiple partners, including HAI, UN, CBOs, BMA, and the Fast-track cities, to synergize the provincial ending AIDS goals.

EAC and TL

To improve HIV treatment outcomes among PLHIV with poor ARV adherence, unsuppressed VL, interruptions in treatment, or refusal to initiate ART in PEPFAR-supported provinces, PEPFAR will continue supporting the EAC and TL activity and promoting U=U messaging. HCWs will be trained on the EAC/TL package, which will be implemented among newly diagnosed PLHIV in five PEPFAR-supported provinces. Treatment literacy videos will be promoted to PLHIV through various channels.

PLHIV Co-morbidities and Aging

Due to the effectiveness of ART, PLHIV is experiencing longer lifespans. However, this has resulted in an increased risk for co-morbidities, such as hypertension and diabetes, particularly in PLHIV over the age of 50. To address the needs of this population, PEPFAR will provide TA to DAS to develop services and standard packages for NCDs among PLHIV. This approach will involve collaborating with Thai experts to create an innovative tool or flipchart to address the challenges of caring for PLHIV with NCDs. In addition, PEPFAR will also support online training tailored to each PEPFAR-supported site on implementing the new tool.

AHD Package

PEPFAR Thailand will ensure that PLHIV presenting with AHD receive screening, prophylaxis, and treatment if indicated for opportunistic infections. To improve TB diagnosis among PLHIV with AHD, PEPFAR and the MOPH have implemented TB-LF LAM in PEPFAR-supported sites since FY2021. In ROP23, PEPFAR and MOPH will advocate with NHSO to integrate Urine TB LF-LAM into the NAP benefit package.

Latent TB infection and TPT Services

TB is the leading cause of death among PLHIV. WHO classifies Thailand among the top high-burden countries for TB. In 2021, approximately 71,000 cases of TB were diagnosed, and 84% of these people had a known HIV status. Of these, 8.8% were HIV-positive, of whom 90% were on ART. In the same year, there were 1,700 TB-related deaths among PLHIV. In 2022, the RTG revised the national TB/HIV guidelines to recommend TB screening using standard TB questions, chest X-ray, and urine TB-LF LAM for AHD. TPT, 3HP, and 1HP (Isoniazid/rifapentine) are recommended as the preferred first-line TPT regimen among newly diagnosed PLHIV with CD4 <200 and those with a positive TB skin test or interferon-gamma release assay (IGRA) test after ruling out active TB disease. Still, the prescription of TPT in adult PLHIV remained low at <1% in 2020. With the support of the GFATM, short-course TPT regimens (1HP and 3HP) have recently become available. Nonetheless, the adoption of TPT among PLHIV remains limited in Thailand. This can be attributed primarily to clinicians' concerns regarding the possibility of undiagnosed active TB disease, potential TB drug resistance from TPT, and the complexity of TB skin testing. To promote the uptake of TPT services nationally, PEPFAR Thailand will collaborate with DAS to conduct TB/HIV training and coaching to improve the knowledge and confidence of HCWs in PEPFAR-supported sites in

providing TPT and care for TB/HIV patients. PEPFAR Thailand and MOPH will evaluate the feasibility and cost-effectiveness of implementing IGRA testing services for PLHIV under routine programmatic conditions, analyze the cost-effectiveness of latent TB infection screening and TPT services, and develop a data analysis protocol to inform policy and implementation.

Telehealth, telemedicine, and ECHO model

During the COVID-19 pandemic, many health facilities implemented DSD using telehealth. In ROP23, PEPFAR Thailand will continue supporting telehealth activities such as integrating telemedicine apps in routine services at ten public hospitals, incorporating HIV-related tools to existing telehealth consultation services in three PEPFAR-supported provinces, and introducing "provider-to-provider" telehealth services to improve communication and collaboration for enhanced patient care. These activities will address current gaps in telehealth services, amplified by the COVID-19 pandemic for PLHIV and the need for the DAS to expand these services. PEPFAR Thailand envisions that the MOPH will adopt and implement the telehealth model to provide differentiated care delivery in all provinces, improve retention in care for stable PLHIV groups, contribute to the 2nd and 3rd 95 targets, and standardize HIV care and treatment telehealth practices for low IT expertise hospitals. Second, to address gaps in HIV services that vary and the lack of knowledge and training among healthcare providers in each region, PEPFAR will promote the ECHO model, an online telehealth learning regional network. The ECHO model establishes CoOPs for HIV programs among healthcare workers through learning from local HIV experts. As of FY23, four ECHO nodes were established, including the Northern, Northeastern, Southern, and Central nodes. As Thailand has 13 public health regions, the MOPH plans to expand more ECHO nodes and establish CoOPs in additional regions. This will involve three new geographical nodes, conducting online training for case-based discussions and quality improvements on topics on HIV care, promoting people-centered HIV services, and improving provincial efforts to achieve 95-95-95 targets.

S&D

HIV-related stigma and discrimination (S&D) remain one of the barriers to ending the AIDS epidemic in Thailand. The 2022 HIV self-stigma index survey in Thailand showed high internalized stigma among PLHIV. In ROP23, PEPFAR will collaborate with UNAIDS, CBOs, and MOPH to simplify and implement the MOPH Self-Stigma Reduction Program in PEPFAR-supported sites. We will continue to support the expansion of S&D e-learning for medical and nursing students in university hospitals in Thailand.

Primary Care Model

To address late access to HIV testing and treatment and using existing resources in Thailand, such as primary healthcare services that are available nationwide, PEPFAR Thailand and MOPH will explore the Primary Care Model for HIV. This model aims to develop an integrated HIV status-neutral service model for primary healthcare facilities to promote access to HIV services in the community. In ROP23, PEPFAR Thailand and MOPH will develop the integrated HIV primary care service model manual, conduct training for healthcare workers in primary health care on HIV management, and implement this model in two PEPFAR-supported provinces in addition to the primary health care model in (BMA).

Decentralized ART Prescription in BMA Public Health Centers (HC)

The BMA Department of Health established decentralized ART prescription activity in BMA HCs in 2018. As of FY2023, over 30 BMA HCs can provide ART refills, including eight BMA health centers where ART can be initiated. However, only a few BMA health centers have high caseloads and employ HIV specialists. In ROP23, PEPFAR will implement a two-pronged approach. The first step will involve creating a decentralized ART network committee to assess the capacity of BMA HCs to provide HIV services and develop a service flow for the ART network. The second step will involve conducting best practice-sharing workshops for HCWs from BMA HCs on SDART/rapid ART initiation and other treatment packages. By decentralizing the ART network, the workload for HCWs in tertiary care hospitals and the main BMA HCs will be reduced, allowing for more efficient delivery of HIV services.

Optimized diagnostic network for VL and TB

PEPFAR Thailand will collaborate with CBOs and KPLHS to scale up community based VL testing for KP. We will work with MOPH to increase ODPC staff capacity for effective VLC mentoring to hospitals in their region, enhance CQI efforts and conduct site visits at low-performing VLC sites to ensure all supported provinces meet their VLC targets. Additionally, PEPFAR, MOPH, and NHSO will develop Application Programming Interface for HIS/LIS to national AIDS database data sharing and develop a tracking specimen system through LINE OA to monitor VL specimen quality during transportation. We will work with Thai MOPH and MTC to revise and disseminate lab guidelines for HIV, Hepatitis, and STIs. We will incorporate eLearning for lab staff into the Laboratory Accreditation process to improve lab service quality for ending AIDS.

Data utilization for program improvement and monitoring mortality and morbidity

PEPFAR collaborates with MOPH and NHSO to transfer morbidity and mortality reports to MOPH, update MOU, establish automated data transfer from Central MOPH Big Data to the DDC server, and develop dashboards for data visualization and utilization. In ROP23, PEPFAR will build the capacity of Regional and Provincial Health Staff to use data for M&E data from the national system and support migration and integration of HIV databases into the Digital Health Server of DDC.

Recency for public health surveillance

PEPFAR, MOPH, and BMA will expand the implementation of surveillance of recent infections. We will conduct KP size estimation using Network Scale-Up Module