West Africa Region

Regional Operational Plan

(ROP) 2023

Strategic Direction Summary

4 August 2023

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Vision, Goal Statement, and Executive Summary

The fiscal year (FY) 2024 Regional Operational Plan (ROP23) is the fifth year of implementation for six of the eight countries in the West Africa Regional (WAR) program, which comprises Benin, Burkina Faso, Togo, Ghana, Liberia, Mali, Senegal, and Sierra Leone. The West Africa Regional's vision is to catalyze sustained epidemic control in eight countries in the West Africa Region by leveraging national and donors' investments to implement adaptive, person-centered, and evidence-based interventions to reach, test, treat, retain on HIV treatment, and achieve viral suppression for Key Populations (KP) and People Living with HIV (PLHIV) in settings with the greatest HIV burden.

In ROP23, PEPFAR/West Africa will continue to strengthen an effective collaboration across the eight countries in the West Africa Region toward eliminating HIV as a public health threat by 2030 and sustainably strengthening public health systems. PEPFAR/West Africa took advantage of its close collaboration with Governments, Civil Society Organizations (CSOs), multilateral partners including the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), to analyze together with them national and regional gaps and to align ROP23 priorities with country priorities and PEPFAR five-year strategy fulling America's promise to end the HIV/AIDS pandemic by 2030. The opportunity of the concurrent development of the next GFATM grant was also used to enhance synergy with GFATM global public health threat by 2030 and sustainably strengthening public health systems. PEPFAR/West Africa will continue its close collaboration with Governments, Civil Society Organizations (CSOs), bi-lateral, and multilateral partners including the Global Fund (GF) in the gaps analysis, definition of key priorities and strategies, as well as taking advantage of the current development of the next Global Fund grant to enhance synergy and refine roles and responsibilities of each stakeholder.

With a combined population of **129 million inhabitants** (World Bank Data, 2021), the West Africa PEPFAR Region has an estimated **899,000 total PLHIV** of which 69% were on antiretroviral therapy in 2022 (Spectrum 2022). Only four out of the eight West Africa countries have reached or were close to reach in 2022, the level of antiretroviral therapy (ART) coverage expected in 2020 for the second 90 target of the former 90-90-90 targets (81% of total PLHIV are on antiretroviral therapy): Benin (88%), Togo (82%), Burkina Faso (81%), and Senegal (80%). There are significant disparities in ART coverage, viral load coverage and suppression among children, key populations, and adult men compared to adult women. The ART coverage among children ranges from 61% in Togo to 18% in Sierra Leone (Spectrum 2022). The region is also affected by the insecurity situation in the Sahel and frequent cases of stigmatization, discrimination, and violence against key populations and PLHIV which hinder timely access to health services for vulnerable and key populations. The West Africa Region heath systems are fragile with lack of

quality data and data use for decision making, frequent stock out of health commodities, lack of integrated and effective lab systems, and a dependence on external funding.

For ROP23, four (4) main common priorities have been identified together with governments, CSOs, multilateral partners, and other stakeholders to focus on for the West Africa Region:

- Reducing pediatrics, adolescents and mother to child HIV transmission gaps;
- Improving viral load coverage and suppression including advocating for all-inclusive viral load reagents rental agreements;
- Addressing stigma, discrimination and gender-based violence against key populations and PLHIV; and
- Supporting national scaling up of PEPFAR best practices by the MoH and the GFATM.

Working in close collaboration with the various Host Country Governments, CSOs, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Joint United Nations Program on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and other partners, the PEPFAR program in the West Africa Region aims to accelerate progress towards HIV epidemic control.

By FY24, **37,283** new PLHIV will be added to the treatment cascade at PEPFAR-supported sites (2,579 in Benin; 3,971 in Burkina Faso; 6,754 in Ghana; 3,855 in Liberia; 7,468 in Mali; 2,228 in Senegal; 6,461 in Sierra Leone; and 3,967 in Togo) to reach and retain **290,032** PLHIV active on treatment (28,515 in Benin; 50,683 in Burkina Faso; 46,248 in Ghana; 24,362 in Liberia; 45,457 in Mali; 21,397 in Senegal; 22,000 in Sierra Leone; and 51,370 in Togo) and ensure 95% viral load suppression.

1. In **Benin**, the PEPFAR will continue accelerating the progress towards the 3 95s and 10-10-10 targets by tackling gaps in the clinical cascade results for the less covered populations, such as children living with HIV (CLHIV), key populations (KP), adolescent girls and young women (AGYW), and adult men. To do so, the program will employ two main approaches. The first is to reinforce HIV service delivery by bolstering prevention services and continuing to optimize HIV testing, treatment and viral load services at the facility and community level. The second is to develop an enabling social environment for PLHIV, KPs, and empower community organizations and networks to contribute sustainably to the HIV response. Looking specifically at the pediatrics cascade, the program will integrate EID and prevention of mother to child Transmission (PMTCT) interventions as well as novel person-centered delivery and community-based models, such as the mother-child model, and legal, social and nutritional support for the most vulnerable. Based on the gaps analysis done with the National AIDS Control Program, CSOs and other stakeholders, PEPFAR will expand its program to 2 additional sites located in Collines region, which is a critical region for ART coverage. The program will also support the scaling-up of PEPFAR best practices by GoB, CSOs, and GFATM to non PEPFAR supported sites.

2. In **Burkina Faso,** PEPFAR will continue to support the GoB in accelerating progress toward the achievement of the 95-95-95 and 10-10-10 targets by 2025. PEPFAR direct support will continue in the same five high burden regions as in ROP22 (Centre, Centre Ouest, Centre Nord, Hauts Bassins and Boucle du Nouhoun). To strengthen national impact, the program will closely collaborate with GoB, GFATM, and key stakeholders to scale up PEPFAR best practices nationwide. The program envisions a shift to include prevention of mother to child Transmission PMTCT and early infant diagnostic (EID) interventions in order to provide more support to children and adolescents, given challenges observed among these populations. The viral load coverage and suppression improvement remains a priority and the country will continue benefiting from the interagency support to current initiatives, combined to some innovations for laboratory data management and quality improvement, lab network optimization, integrated samples transportation, viral load demand creation and results use. Given the growing insecurity situation, PEPFAR/Burkina Faso will support the implementation of the integrated contingency national action plan to fight HIV/AIDS, tuberculosis and malaria in regions affected by insecurity. The last mile supply chain management will be optimized for sustained commodities availability at the service delivery points. Interventions against stigma and discrimination will be strengthened by supporting the implementation of the national action plan against stigma and discrimination, particularly through interventions targeting PLHIVs and KPs in districts highly affected by the security issues, leveraging the community-led monitoring (CLM) mechanism already in place. PEPFAR cannot engage in any G2G collaboration in Burkina because of the current political situation, however actions will be developed to strengthen CSOs capacity's moving the localization agenda forward.

3. In **Ghana**, activities in ROP23 will be above site to the National AIDS Control Program and Ghana AIDS Commission, and at site level in three PEPFAR supported regions, Western, Western north and Ahafo Regions. Activities will prioritize optimized case finding, linkage, and continuity of treatment for key populations, men, children, youth, and adolescent girls and young women. PEPFAR will identify gaps in case finding among children and key populations and strengthen modalities to reach them including using HIVST to improve index testing uptake. EID services will be prioritized to ensure early identification and diagnosis of HIV-exposed babies as well as linkage to antiretroviral treatment for HIV positive babies. PEPFAR will support the transition of children to the more effective and better tolerated DTG-10 and provide adherence support to ensure children attain viral suppression. Male and youth friendly services will also be provided to improve service uptake among these groups. PEPFAR will support the national systems to address stigma and discrimination through the focal country collaboration activities at national level and site level support for service providers and PLHIV to reduce stigma and discrimination. The anti LGBTQI+ bill before the parliament of Ghana has heightened KP insecurities and that of service providers as they provide services. PEPFAR will support KP-serving organizations to plan security measures for their operations and expand alternative approaches to reach KP with care. For Above site, PEPFAR will still train the Media to promote correct messaging, accurate reporting and

enhance visibility for the program. The program will continue to support improved commodity visibility, strategic information, Stigma and Discrimination interventions and data and laboratory systems.

4. In **Liberia**, PEPFAR will maintain ROP22 interventions and innovations as well as geographic footprint. PEPFAR will bolster activities at existing sites and expand to five additional treatment sites in one of the existing PEPFAR-supported counties. In ROP23, Liberia will significantly scale up Pre-Exposure Prophylaxis (PrEP) services to reach more individuals. PEPFAR will expand community PrEP services and support combination prevention activities, and linkage to care, to one additional high-burden county, Grand Gedeh. PEPFAR will continue to strengthen collaboration with the National AIDS Control Program (NACP), GFATM, UNAIDS and other national stakeholders to scale up best practices and learning from PEPFAR supported sites to non-PEPFAR sites. In addition, in ROP23, PEPFAR will support the MOH/NACP to roll out the DHIS2 E-Tracker nationally and integrate TB services. In accordance with the Planning Level Letter, PEPFAR will continue to scale up index testing with a focus on finding men and children, support Tenofovir/Lamivudine/Dolutegravir (TLD) transition and scale up DTG 10mg rollout, scale up 6-Multi-Month Dispensing (6MMD), strengthen supply chain and viral load (VL)/EID systems and interventions to improve coverage and suppression, expand Differentiated Service Delivery (DSD) models, expand CLM and stigma and discrimination reduction activities to support improvement in treatment continuity.

5. In **Mali,** PEPFAR will continue working with the Key populations, breastfeeding and pregnant women, children with proven interventions and strategies to close gaps in the clinical cascade. In the 23 PEPFAR supported health districts, the program will: (I) enhance HIV comprehensive combination prevention interventions including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP); (ii) improve HIV case finding by targeting high risk population groups through Index Testing, HIV self-testing (HIVST), enhanced peer outreach approach (EPOA), and an Online Reservation Application (ORA) named IBADON; (iii) strengthen access to ART initiation by (i) supporting task shifting; (ii) initiating and transitioning clients to optimized regimens, such as Tenofovir-Lamivudine-Dolutegravir (TLD), and (iii) offering multi-month dispensing (MMD) to stable patients and task shifting for ART initiation both at health facilities and the community level; (iv) strengthen professionalization of peer educators (PEs) and peer navigators (PNs) and addressing structural barriers to create an enabling environment; and (v) continue to provide HIV services to internally displaced people (IDPs) in Bamako, Sikasso, and Segou regions. In coordination with other members of the National Health Cluster, PEPFAR will ensure that IDPs are: (i) receiving HIV prevention services including screening for gender-based violence (GBV) and linkage to post GBV services within 24 hours, (ii) screened for HIV using a standardized screening tool, (iii) linked and

maintained to ART treatment, ensuring continuity of treatment and viral load suppression, and (iv) included into the national HIV cohort to avoid double counting when transfer from one location to another happen.

6. In **Senegal**, the PEPFAR program will maintain its ROP22 geographic footprint and strategies by implementing activities in 13 districts (through 25 health facilities) in seven regions to reach epidemic control in KP groups, namely men who have sex with men (MSM) and female sex workers (FSW). PEPFAR will also target priority populations and children/partners of KP. PrEP will continue to be scaled up at all PEPFAR sites in Senegal. Comprehensive integrated HIV prevention, care and treatment package of services including index testing, enhanced peer outreach, go online service, differentiated service delivery, MMD will be provided at all PEPFAR supported sites. PEPFAR will ensure implementation of Core program standard and scale-up of PEPFAR best practices at non PEPFAR sites by the MoH and the GFATM. The CLM mechanism will be leveraged to reduce stigma and discrimination against KPs and PLHIV. The financial and program management capacity of local CSOs will also be strengthened to advance localization effort and build sustainability.

7. In **Sierra Leone**, PEPFAR intends to further saturate the four existing high burden districts and expand to three of the four remaining high burden districts. Expansion to the final high burden district will be considered during FY24 if this can be accommodated within existing funding. An additional aspect of the ROP23 plan is to expand NACP capacity to provide effective oversight of facilities supporting HIV services. The aim is to improve services more broadly across the National Program, and to make services more client centered and KP friendly. In FY23, PEPFAR plans to expand to additional sites in the four existing PEPFAR districts, with the possibility of coming close to doubling the number of sites. For ROP23, modeling of the costs associated with delivering a defined package of services at more sites and in more districts has led to a confident proposal to expand to three of four remaining high burden districts using a smaller footprint involving a PEPFAR-supported site “hub” and non-PEPFAR site “spokes”, spreading over time to greater distances from the hub, resulting in a PEPFAR multiplier effect.

8. In **Togo,** PEPFAR will continue to support the GoT in accelerating progress toward the achievement of the 95-95-95 and 10-10-10 targets with a focus on closing inequities among children, adolescents, pregnant and breastfeeding women and key populations. In addition to its direct contribution at 30 sites in four (04) high burden regions (Grand Lomé, Maritime, Plateaux, and Centrale), PEPFAR/Togo will support the scaling up of PEPFAR best practices nation-wide by the MoH and the GFTAM and will increase its support to reducing stigma and discrimination and to strengthening the health system (supply chain management, national

lab system, health information management system) for a greater and sustainable impact at national level. At site level, PEPFAR will focus on: (i) reducing inequity through testing, care and treatment DSD among children, adolescents, Key populations, and adult men; (ii) scaling up PrEP; (iii) improving retention through person-centered approach; (iv) improving viral load coverage and suppression for all sex, age bands, type of populations and geographic areas ; (v) ensuring continuous quality improvement; (vi) strengthening supply chain management and commodities data visibility; (vii) strengthening data quality and data use for decision making; and (viii) enhancing community led monitoring including for children and key populations.

Community and Government leadership and engagement

Governments and Civil Society Organizations (CSOs), especially KPs and PLHIV-led organizations have played a critical role in the development of ROP23 and will also take part in its implementation. They participated in the in-country consultations, the gaps analysis, regional and country priorities definition, and strategy definition. The community-led monitoring (CLM) mechanism was leveraged to get communities' feedback on the current PEPFAR program and their perspectives for ROP 23. Governments and CSOs took part in the Johannesburg ROP23 co-planning meeting and the Accra West Africa regional strategic virtual meeting. A summary of the ROP23 planning was shared with them through flatpack 1 and 2 and their feedback was considered. One of their main recommendations was to increase direct funding to local CSOs. In addition to the CLM mechanism which CSOs are already implementing directly, a portion of the ROP23 funds will be used to increase CSOs' financial and program management capacity and accelerate the transition to local partners. Additionally, some countries like Senegal and Ghana considered G2G agreements for ROP23. Other countries are exploring it for ROP24. Advocacy will also continue with Governments to increase domestic resources for the HIV response and strengthen sustainability.

Lift Equity Incentive Initiative

The West Africa Region received $1.21 million of the Lift Equity Incentive Initiative to address structural barriers that are fueling stigma and discrimination among key populations (KPs) and to reduce gaps among children. These funds were awarded through a competitive approach to four countries: Benin ($350k), Burkina Faso ($200k), Sierra Leone ($260k), and Togo ($400k). The four recipient countries of the Lift Equity Incentive Initiative funds will implement the following activities:

1. **Benin:** With the PEPFAR LIFT funds, Benin will develop a community-based system of notification and emergency response to violence stigma and discrimination against KPs and PLHIV; sensitize law enforcement officers, religious and customary authorities to

improve the social environment in favor of KP and PLHIV; advance community leadership efforts to connect key populations to social protection systems and networks, and harness digital technologies to engage key populations and to empower them to fight against HIV. PEPFAR/Benin will also conduct a root analysis of treatment interruptions among children to improve treatment continuity and viral load suppression among children.

2. **Burkina Faso:** With the PEPFAR LIFT funds, Burkina Faso will organize training sessions for key populations leaders on the management of violence and discrimination; strengthen capacity of KP-led associations in financial and program management; develop communication materials to promote human rights and enabling environment for key populations and organize orientation sessions targeting law enforcers, judge, health care workers, local leaders and communities; improve KPs and PLHIV awareness on their rights and psychosocial and legal support available; hold workshops to develop near POC pediatrics VL/EID testing guidelines and trainings using GeneXpert machines as well as Site Process Improvement for POC testing guidelines (SPI-POC) to improve pediatric VL and EID turnaround time (TAT).

3. **Sierra Leone:** With the PEPFAR LIFT funds, Sierra Leone aims to adapt and implement diverse activities to substantially mitigate the effects of human rights violations and stigma and discrimination. Key structural interventions include consultations with relevant stakeholders to develop legal literacy and IEC resources; sensitization sessions for LBGTI, PWID, and PLHIV on their roles, rights, and responsibilities; conduct training of health workers on stigma & discrimination and health facility-based stigma index. PEPFAR/Sierra Leone will establish reporting mechanism for health facility-based stigma & discrimination; establish a national redress mechanism against stigma & discrimination under the leadership of the National Human Rights Commission and the Human Right Defenders Platform; and conduct human rights and harm reduction sensitization for law enforcement agencies in 8 high burden districts. PEPFAR will develop a curriculum for pre-service training of the police and judges on the rights of key populations and PLHIV, including harm reduction strategies.

4. **Togo**: With the PEPFAR LIFT funds, Togo will support the implementation of national 2022-2025 action plan developed by the National AIDS Commission in collaboration with CSOs, UNAIDS, PEPFAR and other key stakeholders, to tackle gender and human rights related barriers to HIV and tuberculosis services. The program will support KP networks/associations to establish a functional community alert and emergency response system to stigma, discrimination, and gender-based cases. More effort will be invested in

engaging with judges, court clerks, police officers, community and religious leaders, and health care workers to promote on human right, gender and sexual health, and the judicial management of human rights violations related to HIV and gender-based violence. PEPFAR will also organize a national “one week zero stigma and discrimination” multisectoral campaign (health, justice, social affair, police etc.) in collaboration with national stakeholders and media including proximity media and social media. In addition, KP networks and associations will receive capacity building on leadership, advocacy, governance, and people-centered program design and management.

Strategy by Country

Benin

Country context summary

In Benin, the number of PLHIV is estimated at 70,642 with 0.8% as HIV prevalence (Spectrum 2022). HIV prevalence among MSM is 8% and 7.2% among FSWs (IBBSS 2022). The ART coverage among the general population is 88% while it is about 35% for CLHIV. Viral load suppression is also low among children compared to adults.

In ROP 22, PEPFAR/Benin supported 04 high burden regions which are home to 55% of the total PLHIV. In ROP 23, upon MoH request and gaps analysis, PEPFAR/Benin will expand to Collines region which is one critical antiretroviral therapy (ART) coverage region (ART coverage at 77%) and will support 2 additional sites in this region through intensification of HIV testing services, reinforcement of case management and electronic patient tracking, as well as community-led monitoring activities. In total, PEPFAR will support 05 regions, 17 sites and 04 viral load labs.

Standard Table 1.1 is required with most recent data

Table 1.1 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	12,606,998	0.8	*70,642*	-	62,411	88%	88%	1,012,423	9060	*7695*
Population <15 years	5,724,260	-	*7,293*	-	2,540	35%	76%	87,905	229	*475*
Men 15-24 years	1,388,085	0.2	-	-	-	-	-	19,867	379	-
Men 25+ years	2,110,726	-	-	-	-	-	-	28,997	1,572	-
Women 15-24 years	1,314,161	0.4	-	-	-	-	-	33,738	638	-
Women 25+ years	2,222,541	-	-	-	-	-	-	416,026	4,622	-

MSM	9,703	8.1	*786*	-	-	-	-	-	-	-
FSW	40,237	7.2	*2,897*	-	-	-	-	-	-	-
PWID	1,507	2.1	*32*	-	-	-	-	-	-	-
Priority Pop (transgender)	3,966	21.9	*869*	-	-	-	-	-	-	-

**Viral suppression denominator is Viral load tested*

Figure 1.1 is required in map form;

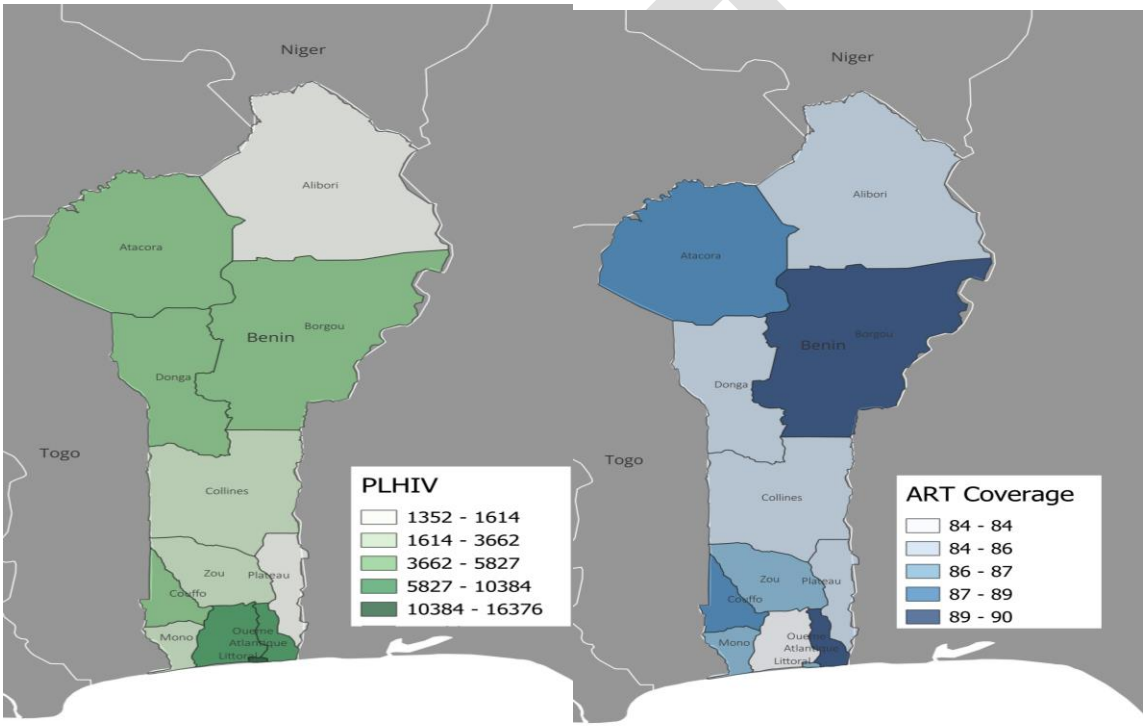


Table 1.2 is required

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	-	-	-	-
Scale-up: Saturation	41,581/59%	33,758	4	5
Scale-up: Aggressive	-	-	-	-
Sustained	-	-	-	-
Central Support	-	-	-	-

No Prioritization (non-supported)	29,310/41%	26,151	8	7
Total National	70,891/100%	59,909	4	5

Pillar 1: Health Equity for Priority Populations

Pediatrics and Pregnant & Breast-Feeding Women: To close gaps in the pediatric cascade and to improve services for pregnant and breastfeeding women, PEPFAR/Benin will start supporting in ROP23, EID and PMTCT interventions to improve and strengthen early testing and community capacity for pediatric HIV services (case finding, linkage to treatment, and viral load suppression). Along with these interventions, the use of the eTracker will help track clients who miss appointments and identify eligible patients for EID and viral load test, collect and analyze granular data to early identify issues and provide corrective actions across the clinical cascade.

Additionally, PEPFAR/Benin will conduct a Root Cause Analysis (RCA) to identify challenges that children and KPs face in continuing treatment. Informed by the results of this analysis, PEPFAR will utilize novel client-centered service delivery and community-based models, such as the mother-child model, and legal and social support for the most vulnerable.

Adolescent Girls and Young Women (AGYW): To improve HIV service delivery to AGYW, PEPFAR/Benin will expand HIV preventing services, adolescent- and youth-friendly service models at PEPFAR supported sites. PEPFAR will leverage digital technologies to engage adolescents and youth and to empower them to fight against HIV and improve their sexual and reproductive health.

To provide more holistic support to AGYW and remove barriers imposed by extreme poverty, PEPFAR will develop a safety social network and will promote positive gender norms, institutionalize evidence-based violence prevention interventions, and develop community prevention and awareness services to reach out to out-of-school youth.

KP Prevention, care and treatment Services: PEPFAR/Benin will strengthen KP programs by first conducting a root cause analysis to identify challenges that KPs face in continuing treatment. Informed by the results of this analysis, PEPFAR will put in place differentiated service delivery (DSD) mechanisms to improve linkage to and continuation of treatment. PEPFAR/Benin will then conduct training/refresher training and coaching KP-led CSOs on DSD for KPs, especially around PrEP/PEP, index testing, self-testing, risk network referral, case management, and MMD.

Partnership with KP-led organizations will be strengthened to advance PEPFAR's localization and equity initiatives. To this end, PEPFAR will implement tailored organizational capacity building

with three CSOs to improve their governance, financial management, technical capacity, and advocacy, with the goal that they receive direct funding from donors in the future.

Stigma, Discrimination, Human Rights, and Structural Barriers: In Benin, despite an enabling legal environment to limit the cases of stigmatization and discrimination, PLHIVs and key populations continue to face a hostile environment. In ROP23, PEPFAR/Benin will focus on reducing stigma and discrimination through national advocacy in collaboration with the Global Fund and other donors. Our approach will consist of supporting CSOs, PLHIV associations, FSW, MSM, AGYW associations and faith-based organizations to develop breakthrough activities to improve PLHIVs and key populations' awareness of their rights and the existence of supportive services (educational sessions, internet use, legal services, etc.). PEPFAR/Benin will also develop a community-based system of notification and emergency response to violence, abuses, stigma and discrimination against key populations, PLHIV and AGYW. The program will also sensitize/refresh law enforcement officers, religious and customary authorities to improve the social environment in favor of KP and PLHIV. Lastly, PEPFAR will use the CLM activity to monitor stigma, discrimination cases and provide corrective actions.

Pillar 2: Sustaining the Response

Partner entities for PEPFAR sustainability: PEPFAR/Benin will continue to work closely with the NACP to plan, implement, and monitor PEPFAR activities. Collaboration with the NACP will be paramount for the sustainability of the HIV response. PEPFAR will build bridges with civil societies and strengthen their technical and organizational capacities for a stronger community engagement. PEPFAR will promote in all its actions an inclusive planification with the involvement of all stakeholders since the HIV response is multi-sectoral.

National Priorities to enhance sustainability: Throughout the ROP23 process, NACP and civil society organizations worked closely with PEPFAR/Benin to identify priorities to enhance the sustainability of the HIV response and define the needed programmatic shifts for ROP 23. The first systems-level priority is to advocate for the domestic resource mobilization invested in the HIV response. PEPFAR contributes about 14% of the Benin's total HIV budget, with Global Fund contributing 65% and the GoB 14%. With that 14% contribution, PEPFAR covers districts with the highest client caseloads, providing for about 35% of the country's caseload. In the longer-term, PEPFAR/Benin will advocate with the GoB to increase domestic resources allocations to promote sustainability. This will help promote the sustainability and localization of the HIV program in Benin.

Using the GFATM funds, the GoB will scale-up nationally PEPFAR best practices such as PrEP, E-tracker and electronic dispensing tool (E-DIS), while PEPFAR provides TA support. The act of the

Government serving as the lead implementer on these activities, supported by PEPFAR TA, will be critical for enhancing local ownership and management of domestic resources.

The second identified priority is to reinforce the availability of commodities, including ARVs, as well as their locally managed logistics and distribution until the last mile. This will reduce treatment coverage gaps, increase coordination between key partners (PEPFAR, Global Fund, and host government), and propel a localized, sustainable response.

The last identified systems-level priority is the reinforcement of CLM and awareness of HIV program core standards by all stakeholders at community and facility levels. This will help to meet the noted gap of low involvement of civil society and representatives of key populations in the monitoring of national response interventions.

Sustaining PEPFAR efficiencies: All PEPFAR best practices concerning case management, peer-navigation, e-tracker, eDISP and testing services such as index-testing, EPOA campaign, self-testing, RNR, will be integrated into the national HIV prevention, care and treatment policy and considered in the next national strategic plan 2024-2030. A national roadmap for scaling up these best practices will be developed by NACP in collaboration with national stakeholders, as well as a training plan for health care workers including community workers at non PEPFAR supported sites.

Advancing funding and capabilities of local partners: Another important element of ROP23 is empowering local partners to serve as prime PEPFAR recipients in the future. Because PEPFAR/Benin is a young program, PEFAR will focus on laying the groundwork in ROP23 to build local partners' capacity. As an intermediate step, PEPFAR will start pre-G2G assessment process with NACP and National AIDS Commission (NAC) to investigate whether future funding could go directly to the GoB.

PEPFAR/Benin will also work closely with local organizations to build their capacity to receive and manage funds. PEPFAR will first conduct a baseline assessment of local organizations which will inform future activities. From there, PEPFAR will expand sub-grants to local CSOs, while continuing to build local organizations' capacity to manage resources and engage them sustainably in the HIV response. PEPFAR/Benin is in the process of recruiting a Local Partner Organization Development (LPOD) Specialist who will focus specifically on strengthening local partner initiatives. This specialist will coach KP & PLHIV associations to build their capacity to implement technical work and to manage increased budgets.

PEPFAR/Benin currently works with a local partner to implement CLM activities. For ROP 23, the CLM budget will expand to further build local organization capacity and raise community engagement through Lift Equity incentive funds.

Pillar 3: Public Health Systems and Security

Quality Management Approach and Plan: PEPFAR/Benin will continue implementing a quality management approach by coaching and training health care providers on quality HIV services and differentiated services at the 17 PEPFAR supported sites. PEPFAR will also support the NACP to train human resources at non-PEPFAR supported sites as part of the support in PEPFAR best practices scale-up. PEPFAR will conduct joint MoH-GFATM-PEPFAR quarterly supervision visits at both PEPFAR and non-PEPFAR sites. Based on the results of these quarterly supervisions, PEPFAR will organize bi-annual meetings between PEPFAR and non-PEPFAR sites to share best practices identified during supervision visits. PEPFAR will also conduct SIMS visits as well as data quality assessment, to ensure the quality of HIV services and data.

Supply Chain modernization and adequate forecasting: The achievement of PEPFAR goals depends largely on the existence of an adaptable and reliable country Supply chain system which allows each client to have uninterrupted access to quality HIV commodities (Test kits, ARVs, VL reagents etc.) whenever and where needed. PEPFAR/Benin will use ROP23 funding to provide support to the Ministry of Health in strengthening the health supply chain systems beyond the central level. PEPFAR support will be complementary to the investments from the Global funds and will be geared towards improving governance and accountability across the entire supply chain system. More specifically, ROP23 funding will be used to carry out the following interventions:

- Forecasting and Quantification workshops
- Supply chain technical support to 17 PEPFAR-supported ART sites
- Continue with upgrades on the electronic dispensing tool (eDISP) upgrade, maintenance, and extension to two new PEPFAR-supported sites
- Support to PEPFAR-supported ART sites for effective inventory management to allow implementation MMD6 Policy
- Support for development logistics management resources (SoPs, job aids and stock management tools) for roll-out of community ARVs distribution
- Facilitating adoption of All-pricing inclusive model for VL and RKT

Furthermore, PEPFAR will organize quarterly supply chain coordination technical working group meetings at central and subnational levels. PEPFAR will support upgrades to the eDISP platform and extend electronic dispensing tool (eDISP) functionality to the two new PEPFAR-supported sites. Together, these efforts will result in improved supply planning and inventory management and monitoring.

To catalyze the implementation of the new MMD6 policy, PEPFAR will place particular attention on ART management at the 17 PEPFAR-supported ART sites. PEPFAR will develop logistics

management resources, such as standard operating procedures, job aids, and stock management tools, for roll-out of community ARVs distribution.

Laboratory system strengthening: PEPFAR/Benin will provide technical assistance to the MoH to develop an integrated sample-referral system (HIV, TB, Hb), which will complement the Global Heath Security Agenda efforts. PEPFAR will strengthen the lab information management system (LIMS) and interconnect it with the eTracker.

Additionally, PEPFAR will provide technical assistance for starting viral load lab accreditation process. PEPFAR will facilitate the adoption of an all-inclusive pricing model for viral load (VL) reagents and RTKs. PEPFAR will conduct quarterly supervision of VL labs and organize quarterly coordination meetings with VL stakeholders to early identify issues and provide corrective actions. Furthermore, PEPFAR will support External Quality Assurance (EQA) for VL and EID results and will support HIV efficiency testing.

Complementarity between PEPFAR and USG GHSA activities: USAID/Benin received Global Heath Security Agenda (GHSA) funding in the 2022 Operational Plan and is just beginning to plan and implement GHSA activities. Future GHSA priorities in Benin include building the capacity of national laboratories by developing a national body to oversee internal quality controls and establishing a communication network between labs. PEPFAR's laboratory work will complement these GHSA priorities by testing laboratories services, improving coordination between laboratories, and building laboratory workers' competencies.

PEPFAR will support the national Health System in response to outbreaks that can limit HIV services access to PLHIV/KP by promoting MMD 6 scaling up and adapt HIV Community-based services according to a Person-centered approach.

Pillar 4: Transformative Partnerships

The ROP23 process coincides with the preparation for GFATM Grant Cycle 7 (GC7) submission, and PEPFAR will collaborate closely with GFTAM, private sector, other donors to align resources to ensure complementary in acquisition of commodities, in PrEP expansion, scaling up of PEPFAR best practices and combining collaboration efforts with Civil society organizations.

PEPFAR /Benin will continue to explore ways to better coordinate with the GFATM and improve joint planning and execution of supply plan, order and shipment status visibility. In addition, the team will emphasize coordination with other donors (WB, etc.) in supporting the Ministry of Health efforts in conducting holistic supply chain interventions to build a more robust system and improve availability of the health commodities at the services delivery points.

As part of the localization effort, PEPFAR/Benin will support capacity strengthening of local CSOs on financial and program management to foster future direct funding to local CSOs. Partnership with the MoH and the National AIDS Commission (NAC) through the PEPFAR steering committee led by the NAC. The MoH will benefit from technical assistance to scale up PEPFAR best practices and experience sharing between PEPFAR supported sites and PEPFAR non supported sites.

Pillar 5: Follow the Science

PEPFAR/Benin will support the fifth pillar through site level and above site investment to directly impact the health information system which will enable the country to reach UNAIDS 95-95-95 goals not only in PEPFAR supported department but nationally. These investments will target the key population programming, continuity of treatment and quality improvement and assurance.

Leveraging findings from the recent IBBSS (2022), PEPFAR will adapt its program to better target and reach FSW, MSM and TG and address their needs for prevention and treatment. The program plans to increase its coverage of these populations and expand the package of services. To promote evidence-based HIV decision making, PEPFAR will strengthen the routine collection of disaggregated KP data, which is not yet optimal. At the national level, there is a loss of data regarding KPs clinical cascade. PEPFAR will support the reinforcement of data collection system at both community and clinic level, in order to assess access to various HIV services, and better inform the KP cascade.

Noting that interruption in treatment has been a continuous challenge for PEPFAR/Benin, the program plans to conduct an operational survey to better understand the root cause of these interruptions in treatment by population types and groups (children, youth, KP, adult men and women). Findings from these analyses will contribute to the adaption of PEPFAR's package of services to provide and improve patient-centered approach. This effort will include qualitative and quantitative data collection from providers and patients. Protocols will be discussed with national stakeholders and used to inform future planning and the development of new implementation strategies.

In ROP23, the program will strengthen and leverage the qualitative data collected through the community led monitoring program to address the pain points of stigma and discrimination experienced by the users of community and clinical services across Benin. In addition, in partnership with MOH and all stakeholders, the program plans to develop a national quality improvement plan aligned with the national strategic plan which will provide a roadmap to monitor and enhance the quality of services at all treatment sites nationwide.

PEPFAR/Benin will also work with the MoH and other stakeholders in Benin to align the forecasting and supply planning exercises to optimize treatments. This will include the support for smooth commodity transitions (DTG 10; Darunavir/Ritonavir for peds), incorporating historical transition trends and pace, and impact of new commodities on country resourcing.

Strategic Enablers

Community Leadership

Community-led Monitoring: The CLM currently collects data at PEPFAR sites about the accessibility of HIV services, the quality of services provided, the respect of confidentiality norms, etc. With these data, CLM provides feedback to both health care providers at the facility level and other prevention, care, and treatment implementing partners. Together CLM, health care provider, and prevention, care, and treatment implementing partners identify solutions to improve the quality of services. CLM also reports quarterly to the PEPFAR national steering committee for broader oversight of PEPFAR activities. In ROP 22, the CLM is strengthening existing feedback mechanisms (suggestion boxes) at the site level by developing a new telephone hotline to receive feedback, which will be continued in ROP23. Using the lift equity Incentive Funds, the CLM will partner with CSOs to set up a stigma and discrimination surveillance system at the community and facility levels.

Community Leadership of ROP23: CSOs representing their respective communities were involved throughout the ROP23 process. First, CSO representatives participated in in-country consultations meetings in Cotonou, where all stakeholders identified national priorities and aligned them with the PEPFAR new 5x3 strategy. Then, CSO representatives presented their perspectives at the ROP23 meetings in Johannesburg, where they continued to advocate for the needs of their communities. After returning from these meetings, CSOs reviewed flatpack tools, provided feedback, and participated in the regional workshop in Accra where Benin's ROP23 strategy was further refined. Additionally, through the FY24 calendar, many activities will target CSOs to build their technical and organizational capacities to implement HIV activities and increase their voice at high level discussions on National HIV response.

Procurement and Delivery of heath commodities: None of the ROP23 programmatic targets will be achieved if there is not adequate amount of HIV commodities in Benin. In ROP 23, PEPFAR will

contribute to close commodities gaps in complement of the GoB and the GFATM. Focus will be placed on procuring a selected number of items including: TLD180 for Adult treatment; DTG10 and ABC/3TC for Peds; VL reagents and EID reagents; HIV Tests kits and Self Tests and Male condoms.

Innovation

One of the main innovations in Benin, is the PEPFAR national steering committee led by the NAC. It is composed of all the national key stakeholders including CSOs, and multilateral partners. It meets quarterly and facilitates alignment with national priorities, strengthens synergy between PEPFAR and other stakeholders and improves country ownership.

PEPFAR/Benin will also continue to support the MoH to scale-up innovations such as eTracker and electronic dispensing tools (eDIS). Those two tools improved data visibility and data use for decision making at PEPFAR supported and highly contributed to the success of the first year of implementation of PEPFAR in Benin.

Leading with Data

PEPFAR/Benin examples this enabling factor of leading with data. Its utmost goal is to improve the availability of high-quality data in real time for decision making. Starting at site level where PEPFAR provide trainings of health worker on data literacy including collection, management, and use; and to above site where PEPFAR provides technical assistance to better understand the response and identify programmatic gaps and challenges to be promptly addressed.

PEPFAR focuses on routine program monitoring using the eTracker and eDisp. These electronic case management systems were introduced during ROP22 and provide an UID for HIV patients. These systems have proven efficiencies in the rapid production of patients' listings (index testing and contact elicitation, eligible for ART refills, patients in interruption, eligibility for viral load test...etc.), the tracking of commodities and other health products and the overall improvement in the quality of reporting at subnational and national levels. PEPFAR plans to scale up these electronic tools to the sites in the newly PEPFAR supported department, Collines. PEPFAR intends to advocate with the Government of Benin, through its Global Fund grant, for their adoption of these electronic case management systems at national level through the development of a national scale up plan for all sites in Benin.

PEPFAR intends to improve the availability of high-quality laboratory information by strengthening the existing Laboratory information system starting with PEPFAR supported laboratories. This effort will lead to a better proactive tracking of viral load samples and results, a better monitoring of reagents stocks and consequently a reduction of the VL result turnaround time. PEPFAR/Benin will emphasize revising data collection tools and reports to include key

population disaggregates which will provide unprecedented insights into these sub populations cascades and monitoring of the efforts and impact the program is having.

Target Tables

Target Table 1 is required

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)**
Attained	-	-	-	-	-	-
Scale-Up Saturation	**41,581**	**609**	**33,910**	**28,515**	**2,579**	**88%**
Scale-Up Aggressive	-	-	-	-	-	-
Sustained	-	-	-	-	-	-
Central Support	-	-	-	-	-	-
Commodities (if not included in previous categories)	-	-	-	-	-	-
No Prioritization	**29,310**	**527**	**26,295**	**-**	**-**	
Total	**70,891**	**1,189**	**60,205**	**28,515**	**2,579**	

PEPFAR expected achievement in PSNU for FY23 is 25,687. PEPFAR is targeting 88% ART coverage in these PSNU for FY24.

Target Table 3 is required

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target KP_prev)**
FSW	**16,673**	**1200**	**8,338**
MSM	**3,706**	**296**	**1,854**
TOTAL	**20,379**	**1,496**	**10,193**

*Include data sources in the text (i.e., not in the table itself)

Burkina Faso

Country context summary

Burkina Faso has a mixed HIV epidemic characterized by a prevalence of less than 1% in the general population with high prevalence among specific sub-populations. The prevalence in the population aged 15-49 has been gradually decreasing since the beginning of the 1990s and was estimated to be at 0.6% in 2022 (Spectrum 2021, UNAIDS). The overall HIV prevalence was 27.1% among MSM (IBBSS 2022) and 6.8% among FSW (IBBSS 2022).

In 2022, the total number of people living with HIV was estimated at 97,000 of which 81% were on antiretroviral therapy. However, the ART coverage is low among children (32%), key populations and adult men. Viral load coverage and viral suppression are low (37%).

Burkina Faso is currently going through a serious security and humanitarian crisis marked by a clear increase in the number of internally displaced population (IDPs). As of February 28, 2023, there were 1,999,127 IDPs, up from/ 1,719,332 on September 30, 2022 (CONASUR), an increase of 16% in 5 months. IDP movements are continuing, and two PEPFAR-supported regions are subject to compromised access to services (Boucle du Mouhoun and Centre-Nord) with the situation potentially impacting around 20% of the total number of ART clients at PEPFAR sites.

Since ROP19/FY20, PEPFAR has supported the GoBF to accelerate its progress toward the achievement of the 95-95-95 targets. In ROP 23/FY24, PEPFAR program will continue to be implemented in five high burden regions which are Centre, Hauts Bassins, Boucle du Mouhoun, Centre Ouest, and Centre Nord. Those regions account for 62% of the total number of PLHIV and have the highest gaps to cover to reach nationally the 95-95-95 targets by 2025.

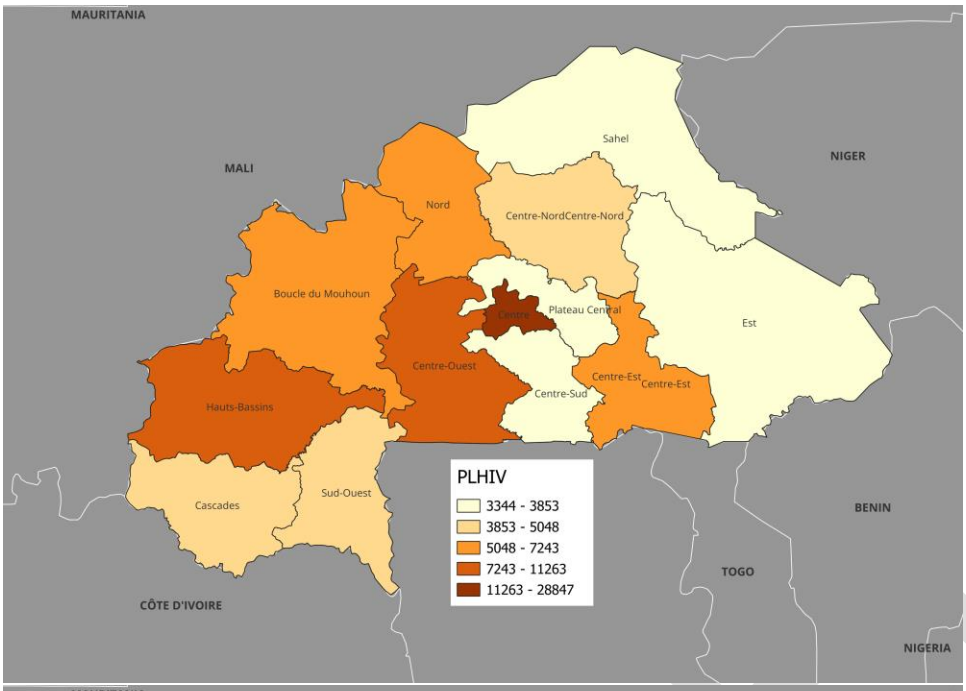
PEPFAR supports direct comprehensive HIV prevention, care and treatment service delivery to key populations and general populations at 31 sites in the 05 supported regions, and contributes to strengthen the national lab system, the supply chain management, the heath information system, and the social and policy environment for key populations and PLHIV. Key gaps to close are: (i) a low HIV case finding, EID/viral load coverage and viral load suppression among children, (ii) challenging continuity of treatment with important number of IDPs due to the insecurity situation (iii) high level of stigma and discrimination against key populations and PLHIV, (iv) lack of data quality and data use for decision making, and (v) lack of effective supply chain management with good data visibility. PEPFAR Burkina Faso plans to provide technical assistance to the Ministry of Health to coordinate, consolidate, and improve laboratory capacity to advance HIV viral suppression. Specific areas of support will include: 1) External Quality Assurance/Proficiency Testing (PT); 2) HIV Viral Load Laboratory Network Optimization; 3) HIV VL Laboratory Continuous Quality Improvement and Laboratory Management capacity; and 4) Laboratory Information Management Systems (LIMS).

Standard Table 1.1 is required with most recent data

Table 1.1 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	22,184,452	0.6	97,344	81,836	78,511	81%	37.5	1,419,119	14,657	14,435
Population <15 years	10,314,747	0.06	10,421	2,739	2,613	25%	32.1	6,163	87	*87*
Men 15-24 years	1,986,859	0.17	5,591	3,817	3,660	66%	-	-	-	-
Men 25+ years	3,522,976	0.69	25,066	20,605	17,263	68%	-	-	-	-
Women 15-24 years	2,260,571	0.25	6,933	6,749	6,880	97%	-	-	-	-

Women 25+ years	4,099,299	1.03	49,333	48,226	48,095	98%	-	-	-	-
MSM	16,914	27.1	-	-	-	-	-	-	-	-
FSW	50,606	6.8	-	-	-	-	-	-	-	-
PWID	17,938	0.5	-	-	-	-	-	-	-	-

Figure 1.1 is required in map form



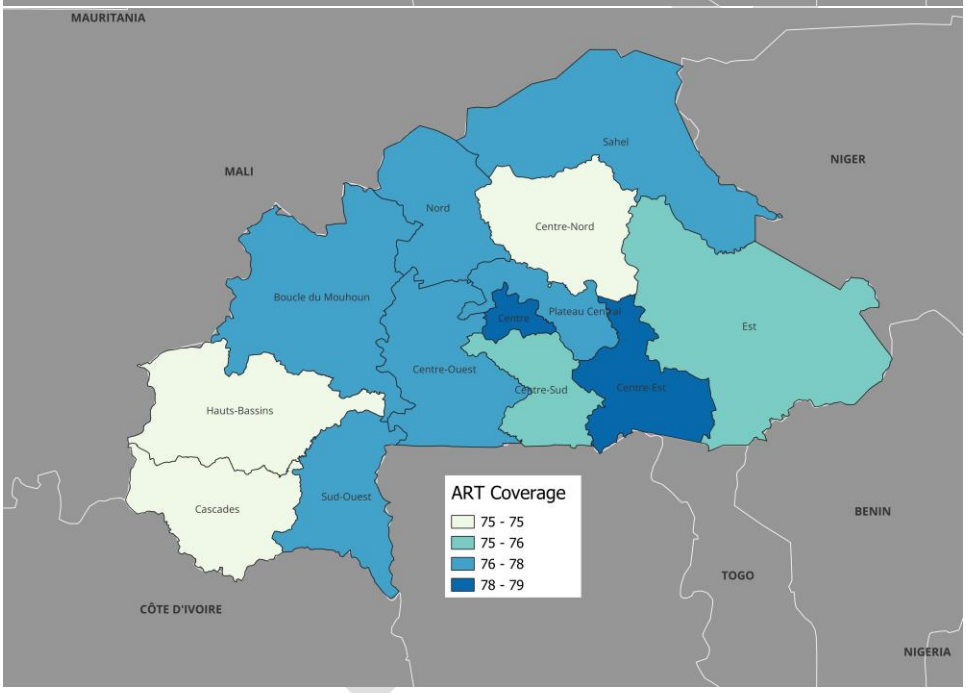


Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	-	-	-	-

Scale-up: Saturation	48,898/50%	38,674	3	3
Scale-up: Aggressive	11,985/12%	9,322	2	2
Sustained	-	-	-	-
Central Support	-	-	-	-
No Prioritization	37,142/38%	29,149	8	8
Total National	98,025	77,145	13	13

Pillar 1: Health Equity for Priority Populations

Pediatrics and Pregnant & Breast-Feeding Women:

PEPFAR/Burkina Faso intends to close the gaps among children, with a special focus on children and adolescent case finding, optimization of continuity of treatment, and scale up of the optimized treatment regimens with DTG10. Starting with ROP23, PEPFAR will include PMTCT and EID interventions in the program to help cover the observed gaps for pediatric case finding, and to improve CLHIV estimates for the next UNAIDS Spectrum projections by addressing PMTCT data quality. PEPFAR will strengthen community support to the mother-child pairs to retain them in care. A rapid analysis of the PMTCT gaps at each PEPFAR supported site and a corrective action plan will be developed and implemented to strengthen effectivity and quality of services provided to the mother-child pairs.

PEPFAR will hold workshops to develop near Point of Care (POC) pediatrics VL/EID testing guidelines and training using GeneXpert equipment as well as process improvement at the site level for POC testing guidelines (SPI-POC). Also ensure the dissemination, implementation and monitoring of SPI-POC testing guidelines across PEPFAR supported facilities. PEPFAR will provide technical assistance and support to link VL/EID platforms to local Laboratory Information Management System (LIMS) with Analyzers to improve results turnaround time (TAT). In addition, PEPFAR will conduct mapping of VL/EID Point of Care (PoC) testing networks and prioritize testing for adolescent girls and young women, children, pregnant women and key populations. The focus will also continue to be on the improvement of the viral load coverage and the viral load suppression in all ages, sex, and sub-groups. Now that the availability of commodities has substantially improved, PEPFAR will closely collaborate with the viral load system partners in the country to meet targets, making sure that no one, among those under ART protocols, is left behind. This involves conducting a mapping of VL/EID Point of Care (PoC) testing networks, supporting a diagnostic network optimization (DNO) process, and prioritizing testing for adolescent girls and young women, children, pregnant women and key populations.

Adolescents and Youth

In ROP23, PEPFAR/Burkina Faso will strengthen HIV prevention among adolescents and youth. Findings from a recent evaluation, conducted for the review of the National Health Development Plan, highlighted the lack of information on HIV transmission and prevention among adolescents and youth, showing the evidence of a need to intensify risk communication targeting for this group. PEPFAR will also support efforts to improve U=U literacy among all PLHIVs.

Through ROP22 PEPFAR/Burkina Faso supported the development of the national PrEP communication strategy. PEPFAR will support the implementation of that strategy in ROP 23. The Transition Government in Burkina agreed to expand PrEP services to additional populations, starting with discordant couples and KPs, following an advocacy conducted by PEPFAR partners.

Key populations and internally displaced populations

PEPFAR will continue supporting KP programing with comprehensive and differentiated HIV prevention, care and treatment services including PrEP, self-testing, Enhanced peer outreach, risk referral network testing, go-online service, droop-in center services, condoms and lubricants promotion, active referral services, KPs peer navigators and case managers, MMD, etc. Financial and program management capacity of KP-led associations will also be strengthened to advance direct funding to them in next ROP.

PEPFAR will tackle stigma and discrimination and promote an enabling environment for Key Populations and PLHIV, particularly in areas with high burden of insecurity where many human rights violations and GBV issues have been reported to be increasing. PEPFAR will support the implementation of the national action plan against stigma and discrimination, which includes strengthening the capacity of stakeholders working for the defense of human rights and the promotion of an enabling environment for key populations and PLHIV (e.g., parliamentarians, law enforcers, religious and community leaders, and media professionals).

The current political and security context requires also increased support to the growing number of Internally Displaced Populations (IDPs), including displaced PLHIVs. PEPFAR will support the implementation of integrated HIV/TB/Malaria contingency plan developed by the MoH and humanitarian stakeholders to mitigate the insecurity impact in areas highly affected by terrorist attacks. In close collaboration with local CSOs and the MoH, PEPFAR will ensure appropriate access to quality HIV services for IDPs, and good availability of HIV commodities in those hard-to-reach areas.

Pillar 2: Sustaining the Response

The PEPFAR steering committee led by the National AIDS Commission (NAC) coordinates the implementation and closely monitors PEPFAR activities in the country. Through ROP23 PEPFAR will continue to advocate for and support approaches promoting scale up of PEPFAR best practices at the national level, including non-PEPFAR supported facilities, in collaboration with the GFATM, the NAC, and the National AIDS Control Program (NACP). This includes a continued support for an optimal implementation of differentiated services delivery (DSD) approaches to ensure alignment with PEPFAR core standards and continuous quality improvement.

The GFATM Grant Cycle 7 (GC7) funds will be leveraged to support best practices sharing at the above site and site levels. PEPFAR and the GFATM are all aligned to provide support to HIV programming in Burkina, including interventions targeting sustainability of the HIV programming through the national HIV multi sectoral plan (PNM). The PEFPAR program budget contribution in Burkina is around 18.4%, with GFATM providing 30.5% of the overall planned budget, the remaining part (51.2%) being provided by the Government.

Community Led Monitoring (CLM), which is implemented by a local organization, will continue throughout ROP23 to ensure optimal access to quality HIV services for all PLHIVs and KPs and to sustainably promote an enabling environment. The CLM partner will also continue advocating for an increased domestic investment for HIV programming, albeit acknowledging the challenging context due to the insecurity. In FY2022, these efforts led the GoBF to allow $1,000,000 as an additional contribution to HIV programming. Prior to that a decree was issued to guarantee free access to HIV services in the country.

The current political and institutional context prevents PEPFAR from entering into a direct government-to-government (G2G) agreement in Burkina. PEPFAR will continue providing technical assistance on the development of integrated specimen referral network in collaboration with Global Health Security (GHS) program in Burkina through the one health approach utilizing implementing partners. PEPFAR will be also conducting advocacy to strengthen leadership and governance at national laboratory coordination level and seek leadership commitment/ownership. Also, PEPFAR will provide technical assistance to the MoH to lead the development of VL/EID testing M&E framework, conduct analysis to improve the effectiveness of VL/EID scale-up. PEPFAR will also support MoH National Laboratory Coordination leadership to strengthen Diagnostic Network Optimization (DNO), leverage the expanded COVID-19 molecular diagnostics infrastructure for other key endemic and epidemic infectious diseases, including HIV.

Pillar 3: Public Health Systems and Security

Strengthen National Public Health Institutions

In ROP23, in line with the PEPFAR five-year strategy, PEPFAR/Burkina Faso will leverage its community health workers platform to support risk communication and community-based diseases surveillance as done during COVID 19 pandemic. Partnership with the Global Health Security Agenda program will also be strengthened to build synergy.

Person-centered care that addresses comorbidities

PEPFAR/Burkina Faso will continue supporting person-centered approach. Through the use of differentiated service delivery models, tailored services will be provided to each client based on their needs and preferences. Particular attention will be paid to co-morbidities like TB, hypertension, diabetes, and hepatitis. All patients will be screened for TB and eligible patients will benefit from TB preventive treatment. Health care workers will be trained and coached on advanced HIV disease diagnosis and treatment. CD4 account will be provided with the GFTAM and MoH support to all patients newly diagnosed HIV positive and patients who interrupted their treatment. A one shop service will be provided, and partnership will be developed with other stakeholders to offer services that are not available. Psychologists and current peer-support groups will be leveraged to support patients' mental health.

Supply chain system strengthening

There are some best practices and lessons learned from the experience of the response to the COVID-19 pandemic that could be scaled up to support the health system readiness for other health threats. As an example, the community- drug dispensation in the PEPFAR-supported regions contributed to the maintenance of an optimal retention to treatment during Covid-19. In ROP23, PEPFAR will continue the support for the supply chain system strengthening through technical assistance to the national forecasting, quantification, procurement, central and last mile supply chain management mechanism. PEPFAR efforts will also be geared towards improving coordination and collaboration with HIV Supply Chain stakeholders for effective supply chain coordination technical working group meetings at central and subnational levels (e.g., supply planning and inventory management monitoring). PEPFAR will provide supply chain technical support to all PEPFAR-supported ART sites to improve inventory management through routine supportive supervision. These investments will contribute to sustain implementation of MMD6 Policy. PEPFAR's technical assistance to the MoH will improve end-to-end logistics data visibility and analysis to drive program performance (support the eLMIS rollout: NetSIGL2.0).

PEPFAR will support the development of logistics management resources (e.g., SOPs, job aids and stock management tools) for roll-out of community ARVs distribution. The PEPFAR Team will also facilitate MoH's adoption of the all-inclusive pricing model for VL and RTK.

PEPFAR will support last mile distribution in the zones with high security challenges through Decentralized Drug Distribution and the roll-out of a supply chain contingency plan. Furthermore, CSOs participation will be a key strategy to ensure commodities' last mile distribution and availability, particularly in the hard-to-reach areas due to the security challenges. Recognizing the additional logistics challenges imposed by the violent extremism situation and the insecurity in certain regions of the country, the team will also see the development and execution of emergency and contingency logistics plan, to better address the needs of clients in the IDP camps and the needs of those residing in the crisis-stricken regions.

Lab system strengthening

In FY24, PEPFAR/Burkina Faso will provide technical assistance to the Ministry of Health to coordinate, consolidate, and strengthen viral load (VL) and laboratory systems and capacity to advance HIV testing, treatment, retention, and viral suppression. This expected outcome will be achieved through VL testing optimization plans, data management, quality management system, and the use of VL results to improve service delivery at facility and community levels. Specific areas of support will include:

1) External Quality Assurance/Proficiency Testing (PT) to improve testing accuracy, with increased percentage of laboratories scoring 100% at each PT cycles as well as impact on the quality of laboratory system for accreditation toward international standards;
2) HIV Viral Load Laboratory Network Optimization to ensure efficiency and accuracy of HIV viral testing, and specimen referral networks for timely production of results and program monitoring;
3) HIV VL Laboratory Continuous Quality Improvement and Laboratory Management by building the capacity and enabling viral load laboratories and partners with options to improve the management, quality, and efficiency of viral load performance;
4) Laboratory Information Management System (LIMS) to ensure all laboratories transmit VL and EID data to a national viral load dashboard which serves as a platform for analyzing and visualizing lab data from all laboratories and facilities in real-time. This process will help monitor VL and EID coverage, improve testing network efficiency and viral load suppression, improve turnaround time for results, and minimize errors associated with manual data entry

PEPFAR will strengthen the directorate of medical biology laboratory capacity to institutionalize best laboratory quality management practices in Burkina. PEPFAR will assist with development

guidelines on the production of proficiency panels (PT) for HIV rapid testing by the national laboratory, and for the establishment of laboratory information management system. PEPFAR will also support the operationalization of Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) or similar QMS initiatives under management of national laboratory directorate.

PEPFAR will support Diagnosis Network Optimization activities in coordination with the Directorate of medical biology laboratory, the NAC, the NACP, and the Global Fund to improve the performance of the Viral Load and Early Infant Diagnosis system. PEPFAR, in coordination with the Global Fund, will finalize the process for the all-inclusive pricing agreement for VL/EID.

PEPFAR will support viral load sample transportation in collaboration with host country and the Global Fund, commodities data visibility and use for decision making at sites and laboratories levels, community collection of VL samples coupled with ARV community dispensing if patients consent, and enhanced communication between laboratories and sites with designated point of contacts at each level.

Pillar 4: Transformative Partnerships

PEPFAR/Burkina Faso will continue to improve collaboration with all key country stakeholders and support an enhanced inclusive PEPFAR steering committee led by the NAC to address ROP23 priorities such as PEPFAR best practices scale- up in alignment with national priorities, efficient coordination of PEPFAR implementing partners, continuous quality improvement, and partnership with the national medical biology laboratory on laboratories accreditation process.

The PEPFAR Team will continue to explore ways to better collaborate with GFATAM and improve joint planning and execution of supply plan, ordering and shipment status visibility. In addition, the team emphasizes coordination with other donors (e.g., the World Bank) in supporting the Ministry of Health efforts in conducting holistic supply chain interventions to build a more robust system and improve availability of health commodities at the services delivery points. PEPFAR and its implementing partners will align activities with the Burkina Faso MoH laboratory Technical Working Group (TWG), WHO, and the Global Fund. PEPFAR will also collaborate with regional organizations, such as the African Society for Laboratory Medicine (ASLM) laboratory community of practice (LabCoP) and the West Africa Health Organization (WAHO) to scale up best practices, including cross-cutting VL/EID activities.

Pillar 5: Follow the Science

PEPFAR/Burkina Faso supports the fifth pillar through site level and above site investment to directly impact the health information system which will enable the country to reach UNAIDS 95-

95-95 goals. These investments will target continuity of treatment, key population programming, quality improvement and assurance and strengthening of the national reporting system.

Noting that interruption in treatment has been a continuous challenge for PEPFAR Burkina Faso, the program plans to conduct an operational survey for a better understanding of the root cause of these interruptions in treatment by population types and groups (i.e, children, youth, KP, adult men and women, IDPs). Findings from these analyses will contribute to the adaptation of a package of services to provide and improve the patient-centered approach. This effort will include qualitative and quantitative data collection from providers and patients. Protocols will be discussed with national stakeholders and used to inform future planning and develop new strategies to implement.

Leveraging findings from the recent IBBSS (2022), PEPFAR will adapt its program to better target and reach FSW, MSM and TG and address their needs for prevention and treatment. The program plans to increase its coverage of these populations and expand the package of services.

In ROP23, the program will strengthen and leverage the qualitative data collected through the community led monitoring program to address the pain points of stigma and discrimination experienced by the users of community and clinical services across Burkina Faso.

Given the recurrent challenges with the country CLHIV size estimation in SPECTRUM, a special focus will be put on Burkina Faso's PMTCT program. Activities planned include a quarterly data quality audit and monitoring of PMTCT data and providing technical assistance to the NACP in the implementation of a seroprevalence survey among pregnant women.

In addition, in partnership with MOH and all stakeholders, the program plans to develop a national quality improvement plan aligned with the national strategic plan which will provide a roadmap to monitor and enhance the quality of services at all treatment sites nationwide.

PEPFAR will work with the MoH and other stakeholders in Burkina to align the forecasting and supply planning exercises to optimize treatments. This will include the support for smooth commodity transitions (DTG 10; Darunavir/Ritonavir for peds), incorporating historical transition trends and pace, and impact of new commodities on country resourcing.

PEPFAR will support advocacy, training, and support for the introduction and expansion of recency and other new laboratory tests to improve HIV program performance and surveillance planning. PEPFAR will provide technical assistance to ensure quality-assured implementation of the recency program. We are also planning to establish indicators for monitoring VL/EID testing turnaround time (TAT), specimen rejection rates as well as number of patients seen. PEPFAR will provide technical support/capacity building for data collection and exchange, conduct routine data quality audits to strengthen national Monitoring and Evaluation (M&E).

Strategic Enablers

Community Leadership

CLM will serve as a model for localization and community leadership. Through ROP23, PEPFAR/Burkina Faso will develop community scorecard to help foster the appropriation of the community observatory mechanism by the Ministry of Health's Regional Directorates and Health Districts in the 5 PEPFAR supported regions, which is also a sustainability approach for the CLM.

Representatives of CSO are members of the PEPFAR national steering committee which review PEPFAR program performance, provide recommendations, and ensure synergy with other donors like the GFATM. CSOs are currently involved in the implementation of the PEPFAR program as prime recipient (e.g., CLM) or sub-recipients. They actively participated in the development of ROP23 and provided feedback at all the stages. Their advocacy to have their capacity to be strengthened to become prime recipients were considered. In ROP 23, the PEPFAR/Burkina Faso will participate in the regional implementing mechanism to build organizational capacity for multiple CBOs in Burkina. This capacity strengthening will be done through another local experienced CSO as a model of south-to-south capacity strengthening.

PEPFAR will also support the development of a national initiative/strategy that engages stakeholders (community leaders, religious leaders, HIV associations, etc.) to support demand creation for VL/EID testing, as well as develop an electronic-HIV serology PT management system.

Procurement and Delivery of heath commodities: Recognizing the critical role of procuring HIV commodities, PEPFAR investments for commodity procurement will complement purchases from The Global Funds and the Government of Burkina Faso. PEPFAR focus on procuring a selected number of items including: TLD180 for Adult treatment; DTG10 and ABC/3TC for Peds; VL reagents and EID reagents; HIV Tests kits and Self Tests and Male condoms.

Innovation

PEPFAR will provide TA to the Department of Medical Biology Laboratories on development of validation guidelines on in-vitro diagnostics (IVDs) supplied in the country. PEPFAR will also introduce a remote logging system for sample & results transmission, as well as SMS alerts to referring facilities.

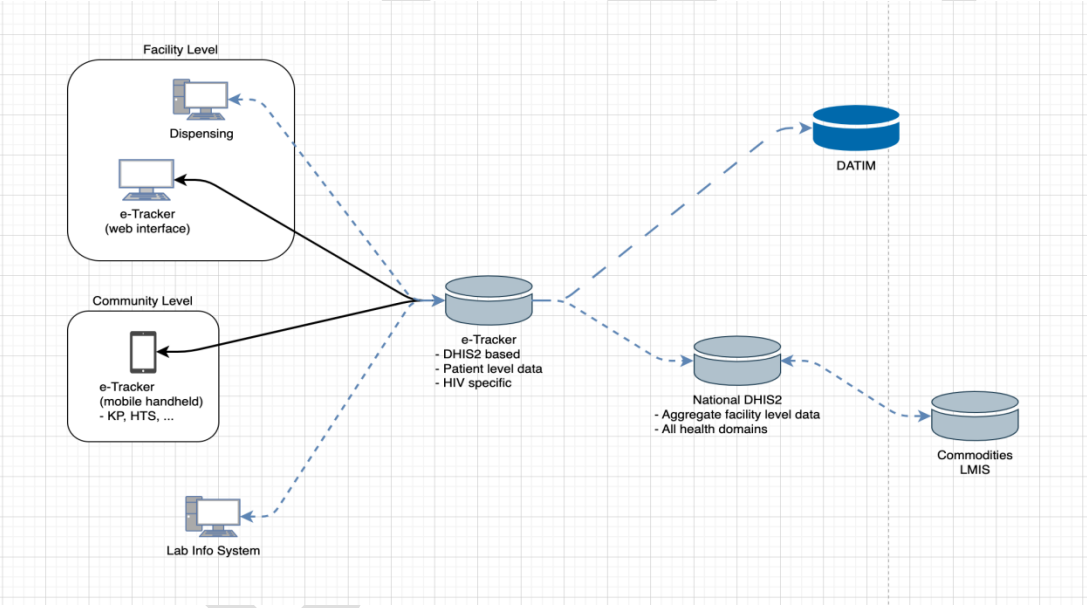
Leading with Data

PEPFAR will improve the availability of high-quality, real-time data for decision-making, starting at the site level where PEPFAR will train health workers on data literacy including collection, management, and use. At the above site level, PEPFAR will provide technical assistance to better understand the response and identify programmatic gaps and challenges to be promptly addressed.

PEPFAR focuses on routine program monitoring using the eTracker. This electronic case management system introduced by PEPFAR has been adopted at the national level with an ongoing scale-up plan. PEPFAR will continue to support the eTracker scale up to its completion in partnership with the Global Fund. PEPFAR intends to improve the availability of high-quality laboratory information by strengthening the existing laboratory information system starting with PEPFAR supported laboratories. This effort will lead to a more proactive tracking of viral load samples and results, a better monitoring of reagents stocks and consequently a reduction of the VL result turnaround time.

In addition, PEPFAR will review national M&E tools to integrate Viral Load indicators in the Health Management Information System (HMIS) and provide regular Data Quality Assurance (DQA) at facility level to improve documentation and data validation. We also plan to establish an online database and barcode system to track sample and results movement.

Finally, the program will continue its interoperability effort started during ROP22 between the eTracker and ENDOS (DHIS2); adding to these interconnected systems the revamped laboratory information system (see image below)



PEPFAR will emphasize revising data collection tools and reports to include key population disaggregates which will provide unprecedented insights into these sub populations cascades and monitoring of the efforts and impact the program is having.

PEPFAR will continue to provide technical support and capacity building for data collection and exchange, conduct routine data quality audits to strengthen the national M&E system.

Target Tables

Target Table 1 is required

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)**
Attained	-	-	-	-	-	-
Scale-Up Saturation	47,804	654	39,978	41,885	3,302	90%
Scale-Up Aggressive	11,712	156	9,619	8,798	764	89%
Sustained	-	-	-	-	-	-
Central Support	-	-	-	-	-	-
Commodities (if not included in previous categories)	-	-	-	-	-	-
No Prioritization	36,388	646	30,154	-	-	-
Total	95,904	1,456	79,751	50,683	4,066	

PEPFAR expected achievement in PSNU for FY23 is 43,499. PEPFAR is targeting 90% ART coverage in these PSNU for FY24.

Target Table 3 is required

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target (KP_prev)**
FSW	**33,018**	**2,245**	**10,105**
MSM	**9,710**	**2,632**	**2,972**
TOTAL	**42,728**	**4,877**	**13,077**

*IBBSS 2022 final report

Ghana

Country context summary

Ghana is experiencing a major economic downturn with inflation rising above fifty percent and the Ghanaian cedi depreciating by more than thirteen percent, resulting in a rising cost of living. A recurring budget deficit due to revenue shortfalls means that funding of development programs, including health and HIV is mainly donor driven. A bill currently before parliament seeking to criminalize LGBTQ+ activities have the potential to worsen insecurity in KP

communities, increase stigma, discrimination and abuse perpetuated against KPs and further set back gains made in reaching KP with HIV services.

Ghana has a low-level HIV epidemic with disproportionately high prevalence of HIV in key populations (KPs) such as female sex workers (FSW) and men who have sex with men (MSM). There is an estimated PLHIV population of 354,927 (Spectrum 2022), with an adult prevalence rate of 1.66% (Spectrum 2022). Prevalence among MSM is 18.1% (GMS II, 2017) and 4.6% among FSW (IBBSS, 2020). Approximately 78% of PLHIV know their status (UNAIDS 2022), 81% of whom are on antiretroviral therapy (ART), and 68% virally suppressed (UNAIDS 2022).

In ROP19, PEPFAR/Ghana shifted its direct service delivery strategy from supporting KP programming in five high-burden regions to supporting direct service delivery models to achieve epidemic control in the Western region. The overall objective was to demonstrate that achieving epidemic control in Ghana was possible, and to work with the Government and the GFATM to scale up successful interventions in other regions. Current ROP22 activities are sustaining, and in some cases scaling up implementation of strategies that have proven successful since ROP21 in the three regions. Activities in ROP23 will prioritize optimized case finding, linkage, and continuity of treatment for men, children, youth, and adolescent girls and young women.

In Ghana, PEPFAR supports achieving epidemic control at both national, regional, and site levels and accounts for 15% of the total PLHIV on treatment. USAID's primary activities are focused on service delivery at site level, in three (3) focus regions, including Western, Western North, and Ahafo, plus supply chain support at the national level. The U.S Centers for Disease Control and Prevention (CDC) provides national-level support to the Ghana AIDS Commission (GAC) and the Ghana Health Service's National AIDS Control Program (NACP) for strengthening Ghana's strategic information, laboratory systems and viral load testing and sample referrals. The Department of Defense (DOD) supports the Ghana Armed Forces to address service delivery needs among Ghana's military forces, and the Department of State works to train journalists to report on HIV/AIDS more accurately.

Standard Table 1.1 is required with most recent data

Table 1.1 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 (#)

	(#)		(#)				(95-95-95)			
Total population	31,693,875	1.12	354,927	258,844	222,581	62.71	68.1	1,971,381	46,764	*29,598*
Population <15 years	11,674,032	0.21	24,712	10,773	10,773	43.59	68.1	134,312	1,936	*1,626*
Men 15-24 years	3,059,431	0.35	10,687	7,046	7,046	65.93	68.1	*338,554*	12,144	*8,423*
Men 25+ years	6,808,059	1.35	92,007	61,374	61,374	66.71				
Women 15-24 years	3,009,232	0.99	29,810	18,121	14,994	50.30	68.1	*1,498,515*	32684	*19,549*
Women 25+ years	7,143,121	2.77	197,711	18,121	128,394	64.94				
*MSM	54,759	18.1	--	--	--	--	--	43,343	1,082	993
*FSW	60,049	4.6	--	--	--	--	--	54,460	747	729
PWID	N/A	14.0^	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Priority Pop (specify)	--	--	--	--	--	--	--	--	--	--

*Source:

^: Lee, 2017. in https://www.ghanaids.gov.gh/mcadmin/Uploads/GAC%20NSP%202021-2025%20Final%20PDF(4).pdf

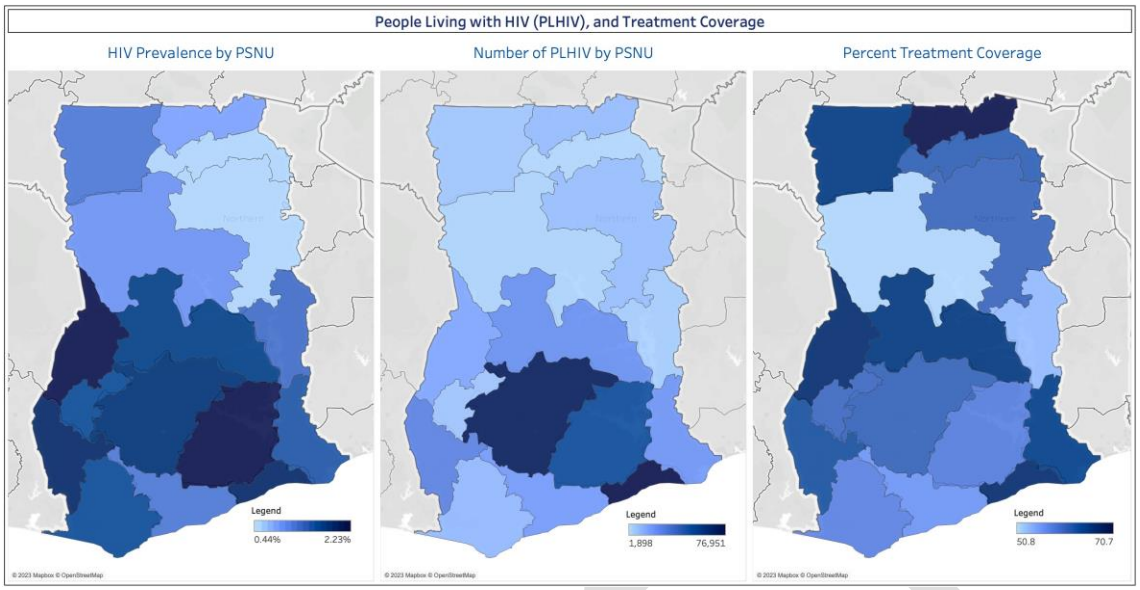


Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	***# of SNU COP23 (FY24)**
Attained	42,294/12%	33,680	29	3
Scale-up: Saturation	--	--	--	--
Scale-up: Aggressive	--	--	--	--
Sustained	--	--	--	--
Central Support	--	--	--	--
Not PEPFAR Supported	312,633/88%	188,901	232	13
Total National	354,927	222,581	261	16

* In COP23, targets were set at the regional level, giving us 3 SNUs for PEPFAR and 13 SNUs for Non-PEPFAR.

Pillar 1: Health Equity for Priority Populations

In ROP23, PEPFAR/Ghana will work towards achieving 95-95-95 targets in the Western, Western North and Ahafo regions of Ghana. Activities will build on lessons learned from ongoing

interventions to provide person-centered quality services across the HIV continuum of care. PEPFAR/Ghana will prioritize targeted case finding, continuity of care and optimization of ARV among children, adolescents, youth, men and vulnerable populations, where gaps in program performance persist due to stigma, discrimination, human rights issues and access.

PEPFAR Ghana will build on sustained achievement of its ROP22 targets to continue to identify and link PLHIV to ART through active referral and linkage strategies, including use of linkage registers and peer navigation, and operationalization of Ghana's policies for task shifting and Differentiated Service Delivery (DSD). Activities will also focus on enhanced counseling, active and timely follow-up to minimize treatment interruption. PEPFAR will emphasize Undetectable=Untransmissible (U=U) messaging in the community and at the facility level, as well as in training of media personnel to help promote awareness on the benefits of adhering to treatment and being virally suppressed. PEPFAR will closely link KP-accessible HIV prevention activities including PrEP/PEP to HTS and ART initiation for positive cases. PEPFAR Ghana will continue to build the capacity of data officers to ensure quality data collection and reporting, which will enable effective and timely monitoring of treatment growth indicators. PEPFAR Ghana will support the continued scale-up of PrEP and HIVST in the three PEPFAR regions as well as community-led monitoring activities to ensure adherence to PEPFAR Core Standards.

Priority Populations will include key populations, adolescent girls and young women, pediatrics, and other identified populations (e.g., migrants, miners and fisherfolks) where HIV impact is high and gaps in program performance persist due to stigma, discrimination, human rights issues, power dynamics, or marginalization. PEPFAR will work to bridge case finding, treatment and viral load testing gaps among the priority populations while including the different population groups in program design, implementation and monitoring.

Plan to close gaps in the pediatric cascade: Ghana will improve EID by ensuring timely diagnosis of positive pregnant women and follow up through antenatal and the post delivery period. Infants of HIV positive women will be tested within six weeks of delivery, at nine months, eighteen months and after cessation of breastfeeding to establish final status. To reach missed children, strategies will include index testing for children aged nineteen or below with HIV positive parents, and targeted PITC for sick children including those with malnutrition and suspected TB signs. Positive children identified will be promptly linked to treatment using strategies that have proved effective in implementation, such as peer navigation for parents/caregivers and tracking linkage through the linkage registers. Pediatric ARV will be optimized through technical support to clinical sites to scale up DTG10 uptake while expanding DSD approaches for children. Children who interrupt treatment will be followed up and brought back into care by leveraging the successful back to care campaign. Caregivers for pediatric cases

will be given enhanced counseling and support to ensure children under their care remain on treatment.

Ghana will also focus on providing youth-friendly services to improve services for adolescents and youth (15-24 years). Activities will adapt and use targeted case finding strategies for adolescents and youth, such as index testing, social network testing, PITC of youth presenting for sexual and reproductive services, and HIV self-testing.

Plan for services for Pregnant and Breast-Feeding Women: PEPFAR/Ghana will strengthen PMTCT services at service delivery points through enhanced linkages between ART sites, ante-natal units, delivery wards and post-natal units. Pregnant women who do not know their HIV status, including those who present in labor, will be offered testing and positive women promptly linked to treatment and provided counseling support to ensure they achieve viral suppression. Their babies will also be followed up to ensure they receive timely EID services and early enrolment into treatment where required. High risk pregnant women who test HIV negative will be linked to comprehensive prevention approaches including PrEP.

Plan for AGYW services: PEPFAR Ghana has supported revamping of adolescent corners in health facilities within the three PEPFAR regions. These corners have trained staff who provide adolescent friendly services for their sexual and reproductive health. PEPFAR will employ targeted strategies such as index testing, and other peer-led strategies to identify HIV positive adolescents. PEPFAR will also provide prevention services, including PrEP, for high risk and eligible adolescents.

Plan for KP services: Ghana will continue to implement proven case finding strategies for KP, including the Expanded Peer Outreach Approach (EPOA), hotspot mapping, social media outreach, and social networks. Safe and ethical index testing will also be one of the main case-finding strategies offered through facilities that are certified to provide index testing according to WHO and PEPFAR standards for safety, confidentiality, and volunteerism. PEPFAR will support NACP to scale-up PrEP in non PEPFAR sites, while HIV self-testing will be aggressively pursued as a prevention option among KP. Ghana will strengthen peer navigation as part of a comprehensive community case-management system to help resolve leakages between community and facility and ensure fast track services for clients. PEPFAR will provide technical assistance to the main clinical partner and KP-serving CSOs to identify security risks and develop security plans to ensure the safety of staff and community members as they seek to access services. PEPFAR will also build their capacity to include LGBTQ+ rights in their activity planning and service delivery, while the Ghana AIDS Commission will be supported to strengthen the Ghana Key Population Unique Identifier (GKPUIS) data systems to provide disaggregated data on KPs across the treatment cascade.

Plan to address Stigma, Discrimination, Human Rights, and structural barriers: Ghana is wrapping up its PLHIV Stigma Index study 2.0, which for the first time also included a TB stigma index study. This will inform the roll-out of a refined and all-inclusive anti-stigma and discrimination effort by PEPFAR and other stakeholders. Ghana has begun implementation of the Focal Countries' Collaboration (FCC) plan, an effort among the Global Fund, UNAIDS and PEPFAR to measurably reduce stigma and discrimination through increased coordination, collaboration and planning with communities, governments and national partners, and advance efforts toward meeting the 10-10-10 societal enabler targets and PEPFAR's core standards. The Ghana Armed Forces will also benefit from stigma and discrimination reduction interventions focusing on health workers, military officers/men, their family members and civilian employees in Accra and military-serving health facilities in the Western and Volta regions.

HIV testing plan that closes gaps, promotes equity, prioritizes public health approaches, and assures appropriate linkage to treatment and prevention services: Ghana will implement an optimal mix of testing strategies to maximize case identification, focusing on targeted testing and person-centered approaches. Activities will ensure targeted and effective screening at high volume PITC sites and other entry points to increase positivity, and to scale up index testing for children, key populations and the general population. Case finding strategies for men will include index testing, male-friendly facility-based testing (e.g., flexible hours, weekend services), targeted community-based testing, and self-testing. PEPFAR will also use HIVST as a screening test to enhance uptake of index testing. PEPFAR will collaborate with NACP on Proficiency Testing for rapid diagnostic tests, expanding to cover high burden sites and PMTCT sites with corrective action plans to assure accuracy of tests and diagnosis.

Prevention plan that promotes equity, especially advancing access to PrEP: In August 2020, with support from PEPFAR, Ghana developed and piloted national PrEP and HIV self-testing policies in high burden sites in Accra and Ashanti regions using KP platforms supported by the PEPFAR and GFATM. PrEP implementation is now being scaled up by the GoG and GFATM in high disease burden regions outside PEPFAR regions. In ROP23, PEPFAR/Ghana will continue to provide PrEP and HIV self-testing in Western, Western North and Ahafo regions, while the PrEP/HIVST Implementation Committee, which was established with TA support from PEPFAR, will continue to coordinate implementation and oversee monitoring to ensure implementation with fidelity. PEPFAR will continue to share lessons from implementation in PEPFAR regions through the implementation committee to inform the national scale up. PrEP delivery will also be expanded beyond KP to include other vulnerable and eligible persons such as partners of KP, sero discordant couples, AGYW and other high-risk groups. The national PrEP guidelines have been updated to include the provision of vaginal ring and Cabotegravir injection as alternate forms of PrEP subject to global availability. PEPFAR will work with the national program to scale up differentiated service delivery approaches for PrEP delivery according to national guidelines.

Pillar 2: Sustaining the Response

Ghana carried out a Sustainability Index Dashboard (SID) in 2021. While the country's policies, laws, and regulations enable a permissive environment for HIV services, there are still opportunities to improve linkage to ART services, increase continuity on treatment, and reduce stigma and discrimination. Ghana continues to face sustainability challenges, which threaten to slow gains in the HIV response. Several critical Sustainability Elements have either continued to worsen or fluctuated since first completing the SID in 2015, including data for decision-making, domestic resource mobilization, laboratory, service delivery and supply chain, and civil society engagement. PEPFAR Ghana will therefore contribute to improving the ability of local organizations, community structures, and the Government of Ghana to prevent HIV/AIDS and serve the needs of PLHIV. GAC will continue to lead in planning and coordinating implementation and provide the strategic direction for Ghana's response. Through G2G mechanisms GAC and GHS will lead national and regional level Situational Room meetings, Joint Partner Monitoring and Data validation processes in order to strengthen country ownership and sustainability.

Currently, PEPFAR Ghana supports 15% of the total number of PLHIVs on treatment in Ghana, while additional support goes into strengthening the nation's supply chain, laboratory optimization and strategic information. Best practices in laboratory viral load data management and sample tracking, linkage of new viral load testing platforms to the e-tracker as well as online and offline applications for bar code reading PEPFAR programs will be adapted at national level in non PEPFAR regions. Also, with the completion of Ghana's Diagnostic Network Optimization (DNO), PEPFAR will establish a DNO Continuous Quality Improvement and assessment to ensure routine monitoring and improvement of the diagnostic network's ability to meet the demands for and provide timely and accurate diagnostic testing services to the network. Improvement projects in selected facilities and testing laboratories that examine turnaround times, error rates, proficiency testing, testing coverage, commodities, biosafety and testing capacity will be measured and monitored on real-time dashboards where applicable. PEPFAR will support VL testing capacity scale-up and build capacity of HIV Drug Resistant laboratory toward WHO's RESNET accreditation with further CQI support for 2 VL testing laboratories towards ISO 15189 international accreditation. Viral Load Data management system where results from Analyzer is transferred electronically to the eTracker have been successfully implemented in PEPFAR regions and using Global fund investments have been rolled out to all 16 regions.

PEPFAR supported the national HIV program to jump-start PrEP implementation in selected high burden sites in two regions. PEPFAR support went into strengthening a country-led implementation committee which coordinates and monitors implementation. This committee, which is co-chaired by the NACP and GAC, is actively leading the expansion of PrEP in all regions in the country. The committee oversees the implementation of PEPFAR best practices and innovations to reach hard to reach KP and other high-risk groups. Implementation of clinical

interventions in PEPFAR regions involves working with regional health directorates and local civil society organizations, including KP-led and KP serving organizations, building their capacity to integrate best practices into implementation to ensure sustainability. In addition, community-led monitoring in PEPFAR regions is implemented by a local non-governmental organization.

Pillar 3: Public Health Systems and Security

While the COVID-19 pandemic reduced in-person visits to care facilities and led to concerns about interruptions in care, it also accelerated growth of alternative options, including increased flexibility in service delivery and enhanced medication delivery close to the doorsteps of clients. PEPFAR staff and resources were leveraged for the pandemic response to increase public health education, access to care and increase vaccination coverage.

Ghana has a National health Insurance Scheme (NHIS) which is supposed to give medical coverage for eligible persons including indigents and other vulnerable people including PLHIV. Inadequate funding for the NHIS has had implications for its full and effective operations. Ghana's Universal Health Coverage Road Map captures the organization of healthcare services in Networks of Practice (NoP) as one of the strategic interventions that must implemented to achieve Universal health Coverage (UHC). The networks link lower-level facilities to higher ones for supervision and support to ensure that communities receive appropriate healthcare at their level. In 2017/2018, USAID supported the Ghana Ministry of Health to develop a National Essential Health Services package (EHSP) which outlines services and interventions that must be provided at the different levels of the healthcare system, and these have been compared to services covered under the NHIS to ensure alignment. However, it was identified that health promotion and preventive services, as well as some essential curative services were not covered by the NHIS at lower levels of the healthcare system. In ROP23, PEPFAR will leverage the USAID supported roll out of NoP to conduct a baseline assessment of what services provided for PLHIV in PEPFAR supported regions are covered under the NHIS. This assessment will serve as a baseline to advocate for funding through the NHIS for preventive, promotive and curative services for PLHIV at the different levels of the healthcare system.

Ghana continues to have commodity financing gaps and experiences periodic stockout of HIV commodities, necessitating improved commodity data visibility and redistribution of commodities. In ROP 23, PEPFAR/ Ghana will support the Ministry of Health (MOH) and Ghana Health Services (GHS) and collaborate with key stakeholders such as the Global Fund (GF) and UNAIDS in providing PEPFAR technical assistance to strengthen supply chain at the national level whilst maintaining regional level and site level effort in the Western, Western North, and Ahafo Regions. In these regions, PEPFAR will collaborate closely with the National AIDS Control Program (NACP), the Regional Health Directorates (RHD), including respective districts and Service Delivery Points (SDPs), relevant Regional Medical Stores (RMS), and the PEPFAR care and

treatment partner to ensure ready availability of HIV commodities towards achievement of the 95-95-95 targets. Key activities will aim at strengthening the collection, management and use of supply chain-related data for enhanced transparency in decision making processes, supporting data driven supportive supervision and on-the-job training to improve product availability and visibility particularly at SDPs. PEPFAR/Ghana's implementation plan will focus on: advance client-centered options through treatment optimization, phasing out of legacy products; deployment and strengthening of supply chain solutions that promote treatment optimization through effective last mile delivery and diagnostic network optimization; improvement in data use, timeliness, and accuracy of supply chain data at regional and site levels to facilitate better decision-making; deployment of approaches that build supply chain workforce capacity and promote sustainable supply chains. In addition, PEPFAR will support regions to revitalize their supply chain technical working groups, while supporting the TWGs to interrogate their supply chain data and ensure data use for programing though support for full utilization of GhiLMiS.

In ROP23, PEPFAR will work with NACP and other national stakeholders to begin implementation of findings from diagnostic network optimization (DNO) analysis for HIV, Tuberculosis and COVID-19 conducted with support from USAID and Global Fund. The DNO seeks to create efficiencies in testing for the three diseases by multiplexing to improve access and utilization. PEPFAR will engage stakeholders on addressing factors that could potentially affect implementation, such as inefficient sample transport system and human resource capacity gaps.

Quality Management Approach and Plan: PEPFAR/Ghana will ensure that services meet the needs and preferences of patients, thereby improving their overall health outcomes. This will be achieved through the implementation of Continuous Quality Improvement (CQI) and Quality Assurance (QA) programs, which identify and address gaps in care and treatment services. CQI will provide a systematic approach to improving the quality of health care services, including those related to the management of HIV. CQI will ensure that services are delivered in a manner that is consistent with best practices and that they are responsive to the needs of the communities they serve and help to identify and address any barriers to the initiation, engagement, and retention of people living with HIV in care, and to promote the achievement of viral suppression. In addition, services will be person-centered and address comprehensive needs of patients such as comorbidities and advanced HIV disease.

Pillar 4: Transformative Partnerships

To ensure effective coordination and alignment with external donors and technical assistance agencies, PEPFAR/Ghana is well-coordinated and aligned with the national health sector strategic plan, the National HIV & AIDS Strategic Plan 2021-2025, and other relevant policies and guidelines. Coordination mechanism involves regular meetings and consultations with stakeholders to share information, discuss progress and challenges, and agree on priorities and

activities. The Government of Ghana has established mechanisms to ensure that external assistance is aligned with national priorities and policies. This ensures that external assistance is used in a manner that supports Ghana's national HIV response and contributes to the achievement of national goals and objectives. In ROP23, PEPFAR Ghana will reinforce and deepen PEPFAR's strategic alignment and partnership with global HIV/AIDS partners including the Joint United Nations Program on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), the World Health Organization (WHO), and other global health development partners, including aligning with CQUIN in their support for DSD implementation in the country, sustain DP TA for high-level advocacy and resource mobilization through current and future funding opportunities, partner with Religious and Faith based organizations in disseminating HIV information for stigma reduction, and ensure greater involvement of private sector in resource mobilization through current funding opportunities. PEPFAR will partner with the GAC to undertake the Joint Implementing Partners Monitoring System (JISM) which is a comprehensive high-level policy and programmatic annual site visit by both implementing partners, funding agencies and beneficiary groups (The CCM, UNAIDS, WHO, NAP+, PEPFAR, NACP and regional level leadership). The purpose is to get the key stake holders to the field in partnership to understand and provide policy and programmatic solutions to implementation challenges at both national and facility level.

Pillar 5: Follow the Science

Behavioral and Implementation Science: Ghana has a draft research agenda document which was developed in 2021 but not finalized. Research in HIV is mainly undertaken by academic institutions, CSOs and projects funded by international donors. Currently Bio behavioral Surveys for FSW and MSM were funded by Global Fund. PEPFAR will support the Ghana AIDS Commission to review and update the Ghana National HIV and AIDS Research Agenda Plan. The plan serves as the framework for coordinating research on HIV by government, academia, Implementing partners, local and international research institutions, coordination of HIV and AIDS research among government, international, local and private agencies. The Plan will identify research priorities including implementation science that are critical for addressing how to reach epidemic control and promote the use of data for implementation and policy decision making. As part of the Plan a data tool will be developed to provide a one stop shop showing research undertaken or ongoing and the key results. GAC will use the plan as a coordination platform to coordinate and provide oversight on evidence generation and use, for adherence to quality and ethical standards and for resource mobilization. To operationalize the Ghana National Research agenda, PEPFAR will partner with GAC to undertake Strategic Information Dissemination Forum where key finding of research undertaken e.g. the ongoing Ghana Men Study will be discussed and its implication on program implementation and policy analyzed.

Strategic Enablers

Community Leadership

Integration of community voices including under-represented communities: PEPFAR/Ghana will prioritize social accountability as a central component of the enabling environment for HIV programming. PEPFAR will seek active engagement of persons living with HIV and different sub-populations, including youth and other priority populations in holding those in power accountable for their actions and decisions related to the provision of HIV care and treatment services. This will ensure that services are responsive to the needs and priorities of the communities they serve, and that they are accessible, affordable, and of high quality. This will be achieved through a range of activities, including community monitoring, media and citizen reporting, and advocacy by traditional leaders. In ROP2023, PEPFAR/Ghana will also focus interventions on the most vulnerable and under-served communities, including but not limited to mainstream KPs, and fishing and mining communities.

Youth leadership: PEPFAR/Ghana will carefully tailor activities to young peoples' needs and preferences, and will be informed by the active, meaningful, and ongoing involvement and leadership of young people. In alignment with PEPFAR's new strategic direction, PEPFAR/Ghana will elevate the leadership capabilities of youth and youth-focused organizations to actively advocate for their interests and effectively reach most of their community members with non-stigmatizing and empowering HIV/AIDS messages to facilitate greater impact and draw on youth expertise to inform innovation and play a role in service delivery. In addition, program data will periodically be triangulated with Site Improvement through Monitoring Systems (SIMS) and Community-Led Monitoring reports to gather information, gaps and barriers to serving adolescents and youth for focused attention, to make mid-course corrections in strategy implementation affecting the focused groups.

Innovation

PEPFAR will share lessons from implementation with NACP and other stakeholders through its Lessons Learned webinars for adoption in the national response. We will share successful strategies, including the highly successful back to care campaigns which have brought back thousands who have interrupted treatment, as well as success in achieving 95% linkage rate in PEPFAR sites against the national average of about 60%.

Leading with Data

Ghana's HIV response is also largely driven by analysis and use of programmatic data and site level so validating and analyzing programmatic data plays a key role in shaping and using evidence-based approach to the response. Ghana uses the eTracker for transactional data and DHIMS2 for aggregated data and the GKPUIS for KP prevention and testing services data. The

eTracker has a feature for the KP unique Id the enables KP data to be linked with treatment data in the eTracker. These data systems are continually being optimized to improve interoperability and data completeness and quality.

PEPFAR/Ghana will prioritize strategic information to inform decision-making and to guide the development and implementation of effective HIV continuum of care services. By improving the quality and coverage of HIV-related public health and clinical data, PEPFAR/Ghana will ensure the provision of a more accurate picture of the epidemiology of the pandemic and to identify areas for improvement. At site level, this will involve the strengthening of facility, district and community data collection systems, including the development and/or refinement of appropriate tools and protocols, and the provision of training and support to health care workers and other stakeholders. PEPFAR/Ghana will improve data analytics to ensure the continuous identification of trends and patterns in the epidemiology of the pandemic and to inform the development of effective tailor-made interventions. At Above site level the Situational room, which was started in FY 23 brings together implementing, donor and technical partners to share site level cascade results and strategic approaches, highlighting challenges and successes for discussion and feedback. It's also used to discuss national quarter and half year results. The Situational room has facilitated data harmonization between Global fund and PEPFAR and National level reporting. PEPFAR Ghana will strengthen the Situational Room program to include data visualization using Power Bi. This will provide one platform where national level data is disaggregated and updated in real time and all partners can report using it.

PEPFAR Ghana will continue to support the National and sub-National estimates to provide the data needed for monitoring the progress towards epidemic control. The Estimates provides Treatment cascade data and progress towards the 95-95-95 targets. During the estimates process the National estimates team spends time cleaning and validating national data and this eventually improves the accuracy of the estimates. This process can sometimes be time-consuming and there has to be back and forth with facilities where the data quality is poor.

PEPFAR Ghana working the NACP will implement a semi- annual data validations process where a data validation tool will be developed and reviewed at regional level to update and correct inconsistent data. The National data validation meeting will be held with the regional data managers and SI Leads of Implementing partners to review and implement corrective actions for backlog, inconsistent, incomplete data. Through this process the National level data will be improved significantly

Target Tables

Target Table 1 is required

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)
Attained	--	--	--	--	--	--
Scale-Up Saturation	45,480	1,615	38,703	44,282	6,754	97%
Scale-Up Aggressive	--	--	--	--	--	--
Sustained	--	--	--	--	--	--
Central Support	--	--	--	--	--	--
Commodities (if not included in previous categories)	--	--	--	--	--	--
No Prioritization	312,435	12,045	233,082	239,238	20,823	77%
Total	357,915	13,660	271,785	283,520	27,577	79%

Target Table 3 is required

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	****FY24 Target (KP_PREV)**
FSW	**52,193**	**2,401**	**5,636**
MSM	**68,697**	**12,434**	**6,983**
TOTAL	**120,890**	**14,835**	**12,619**

*Source: UNAIDS ADR KP Workbook, 2023

**Targets are for only 3 administrative regions

Liberia

Country context summary

Liberia's epidemic is characterized as mixed, meaning that key populations, priority populations, and the general population make up significant portions of the people living with HIV (PLHIV). The number of PLHIV was estimated at 34,431 in Liberia, with HIV prevalence estimated at 1.3% (Spectrum 2023). HIV prevalence is 16.7% among FSW and 37.9% among MSM (Liberia IBBS 2018).

PEPFAR activities are currently implemented in 21 sites and four counties: Margibi, Grand Bassa, Montserrado, and Nimba. PEPFAR supports quality HIV care and treatment services, including prevention, testing (including index testing), linkage to treatment, adherence, continuity of treatment, and VL services. PEPFAR provides specific support to PrEP, case-finding strategies, Differentiated Service Delivery (DSD) models, policy and above site, tool development, TLD

transition, 6MMD, Viral Load/EID systems, supply chain, and data/M&E systems. As of FY23Q1, PEPFAR supports 71% of the total number of PLHIV, and 51% of children living with HIV (CLHIV), on treatment in Liberia.

Figure 1: ROP22 PEPFAR-supported facilities and counties

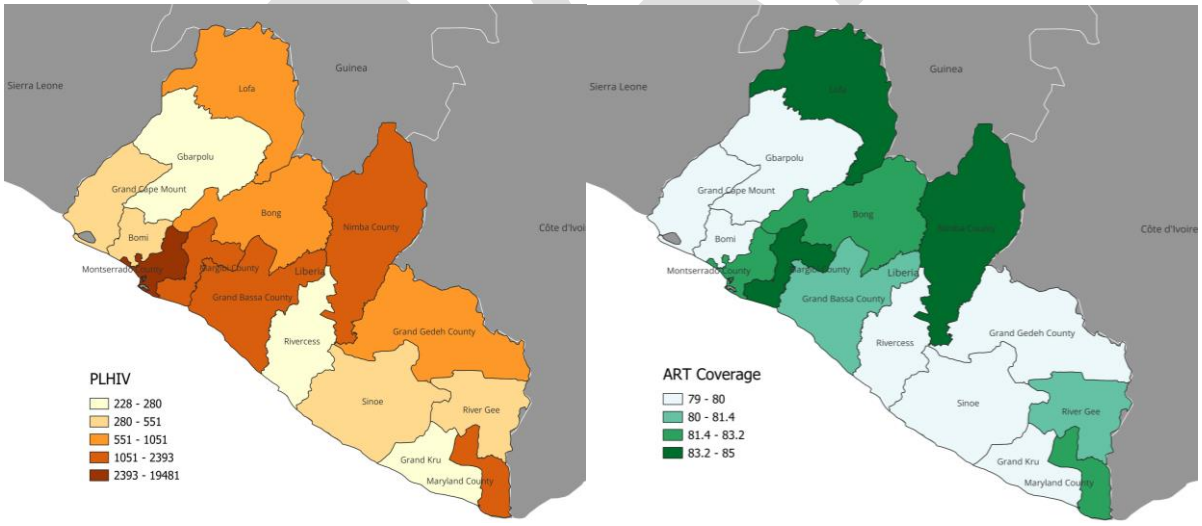
Standard Table 1.1 is required with most recent data

Table 1.1 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	5,125,691	1.05%	34,358	22,637	21,067	61%	47%	326,758	9,631	6,315
Population <15 years	2,050,618	0.19%	2,549	808	808	32%	N/A	12,662	428	220
Men 15-24 years	524,893	0.40%	1,670	N/A	214	11%		N/A	<500	
Men 25+ years	1,007,013	1.25%	9,740	N/A	2,600	22%		N/A		
Women 15-24 years	510,817	0.75%	3,129	N/A	827	23%		N/A	<500	
Women 25+ years	1,032,351	1.91%	17,270	N/A	8,465	46%		N/A		
MSM	74,600	37.9%	28,273	N/A				N/A		
FSW	163,100	16.7%	27,221	N/A				N/A		
TG										
Priority Pop (specify)										

Source: Spectrum 2021

Figure 2: PLHIV and ART Coverage



Target 1.2 Current Status of ART Saturation

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**

Attained	-	-	-	-
Scale-up: Saturation	-	-	-	-
Scale-up: Aggressive	25,922 /81%	21,159	4	5
Sustained	--	-	-	-
Central Support	-	-	-	-
No Prioritization	5,880 / 19%	4,978	11	10
Total National	31,802	26,137	15	15

Pillar 1: Health Equity for Priority Populations

Pediatric cascade: In ROP23, PEPFAR/Liberia will focus on diagnosing and enrolling CLHIV and ensuring continuity of treatment to improve outcomes for children. The estimated number of children (0-14 years) living with HIV dropped from 3,200 in 2021 to 2,923 in 2022 (Spectrum 2023). Although linkage to treatment among children in PEPFAR-supported facilities is high, pediatric case-finding remains a challenge. In ROP23, PEPFAR/Liberia will significantly increase pediatric testing targets and improve pediatric case-finding by strengthening index testing services and maximizing opt-in testing at pediatric service delivery points to find more children. PEPFAR will enhance pediatric ART services and ensure that CLHIV are included in DSD models within a family-centered approach, such as MMD and Decentralized Drug Distribution (DDD). As of FY23Q1, 86% of CLHIV have been transitioned to DTG 10mg, and PEPFAR will continue support for a complete transition. The PEPFAR program has seen improvement in viral load suppression among children, increasing from 69% in FY22Q1 to 81% in FY23Q1. However, viral load coverage remains low at 60% as of FY23Q1. In ROP23, PEPFAR/Liberia will continue to support efforts to improve viral load coverage and suppression among children and EID.

Services for Pregnant and Breastfeeding Women: Services for pregnant and breastfeeding women will be provided as part of the testing, care, and treatment services PEPFAR supports at the facility site level. PEPFAR/Liberia will ensure adherence to national policy for eMTCT services to pregnant and breastfeeding women at PEPFAR-supported sites. The MTCT rate in Liberia is 29%, and knowledge of MTCT prevention is 54% and 40% among females and males, respectively (LDHS 2019-2020). In ROP23, PEPFAR will employ strategies to improve treatment continuity among pregnant and breastfeeding women, including support to have ANC care provided within the same DSD model (MMD to align with ANC clinic visits or family planning services postpartum), improved tracking of women across services (with linked identifies for mothers and infants), and improved VL and EID coverage at PEPFAR-supported sites. The prevalence of HIV among pregnant

women attending antenatal care (ANC) has dropped from 1.73 % in 2021 to 1.2% in 2022 (Spectrum 2023). However, this decline is attributed to the country using old survey data such as 2013 DHS and ANC sentinel survey data up to 2017 for the estimates. In ROP23, access to a prevention package, including PrEP, will be offered to pregnant women accessing services at PEPFAR-supported sites.

KP services: Significant progress has been made in reaching key populations with quality HIV services. In ROP22, services to KPs have been scaled up, with the introduction of PrEP, including event-driven PrEP services. However, there continue to be challenges with the KP cascade. Some of these challenges are low viral load suppression among MSM and Transgender people (TG) and low viral load coverage among TG. The GeneXpert functionality has also caused delays in viral load sample and results processing. In addition, high levels of stigma and discrimination have led to new PLHIV refusing to initiate and continue treatment.

PEPFAR will target KPs to ensure they receive appropriate counseling to support enrollment and treatment continuity. Through collaboration with the Government of Liberia and GFATM, PEPFAR will ensure that 95% of PLHIV continue treatment in Montserrado, Grand Bassa, Margibi, and Nimba Counties in ROP23. PEPFAR will continue to focus highly on adherence, continuity of treatment, and viral load coverage and suppression. To achieve this, PEPFAR will strengthen individual patient tracking and follow-up by operationalizing the DHIS2 E-Tracker. PEPFAR/Liberia will intensify U=U messaging; continue the Going online services. With DHIS2 E-tracker now rolled out in PEPFAR-supported facilities, PEPFAR will strengthen follow-up for individual KP clients to improve treatment continuity, viral load coverage, and viral suppression among KPs.

Following a successful PrEP launch year under PEPFAR, ROP23 includes plans and targets for substantial scale up of PrEP (FY24 target of 10,000), both facility and community-based, consistent with the expectations of the NACP for expanded coverage. Grand Gedeh country, which has a high number of KPs, is being added as a new PEPFAR county. In Grand Gedeh, PEPFAR will support testing and prevention services, and linkage to nearby treatment sites. PEPFAR will not be supporting treatment sites in Grand Gedeh, but referral sites will receive support to assure they are KP-friendly and provide high quality HIV services. Treatment services will be supported in four counties, and prevention services will be supported in five counties.

PrEP has not commenced though the Global Fund partner, but the Global Fund Performance Framework will soon include specific PrEP targets and not simply broad prevention targets. The current KP estimate is 163,100 (UNAIDS 2021 Country Fact Sheet), and planning for a Global Fund supported IBBSS is underway, with results anticipated this fall.

Address Stigma, Discrimination, Human Rights, and structural barriers: In Liberia, members of the LGBTQI community experience high levels of stigma, discrimination, criminalization, and violence. These members include lesbian, gay, bisexual, transgender, queer, and intersex persons. Additionally, same-sex sexual activity is illegal and is punishable by up to one year in prison. Chapter 14 of the Penal Law of Liberia criminalizes voluntary sodomy. Meanwhile, the National Strategic Plan (NSP) of Liberia acknowledges the huge health gaps and disparities, including the health needs for men. It identifies men who have sex with men, and transgender persons, among others, as key populations and prioritizes interventions for these populations as key to achieving HIV epidemic control. In ROP22, UNAIDS, GFATM, PEPFAR, MOH, and the PLHIV network collaborated to conduct the Stigma Index 2.0. The report, currently being finalized, will inform specific interventions to reduce stigma and discrimination. In ROP23, PEPFAR/Liberia will continue to invest resources in sensitization on KP rights, sensitization on stigma and discrimination reduction for health workers to ensure a KP-friendly environment at health facilities, monitoring incidences of violence, putting in place measures to prevent issues around safety and security. Additionally, PEPFAR will continue to implement community-led monitoring and develop the capacity of KP and PLHIV-led civil society organizations. Through UNAIDS's leadership and a national consultative process, Liberia selected three areas to focus its stigma and discrimination work, including addressing stigma and discrimination in health, household & community, and legal & justice settings. These have been outlined in a national Stigma and Discrimination Action Plan, which is now validated. In ROP23, PEPFAR will prioritize working with the UNAIDS, the PLHIV network, and NAC to address existing gaps in the national S&D Action Plan.

HIV testing plan that closes gaps, promotes equity, prioritizes public health approaches, and assures appropriate linkage to treatment and prevention services: PEPFAR/Liberia will prioritize efficient HIV testing and will endeavor to implement the "test-neutral approach" recommended by WHO and the ROP23 Guidelines. This approach will allow the program to ensure equity, close existing gaps, and increase the uptake of testing services. To complement the "test-neutral approach," PEPFAR/Liberia will provide a combination prevention package, including messaging, condom promotion, and pre-exposure prophylaxis (PrEP). To support the implementation of this strategy, PEPFAR will prioritize scaling up and strengthening index testing. Index testing services will be optimized to find more men and children. Additionally, PEPFAR will strengthen linkage to treatment services to over 95% by strictly implementing test and start and taking to scale lessons learned on linkage to treatment from ROP22. To ensure a complete package of quality services and improve treatment outcomes for PLHIV, PEPFAR/Liberia will expand and strengthen DSD models and support treatment literacy and adherence interventions focused on U=U messaging.

Prevention plan that promotes equity, especially advancing access to PrEP: PEPFAR/Liberia will continue to offer PrEP services for pregnant and breastfeeding women and other individuals at risk. PrEP enrollment will expand significantly, with USAID supporting a community-based demand creation model with final enrollment occurring at health facilities, and HRSA supporting an entirely community-based model, while remaining attentive to several sensitivities in Liberia. HRSA's activities target KPs almost exclusively while USAID's approaches extend to all at risk populations.

The ROP23 PrEP scale up supports the expectations of the NACP for expanded coverage. Grand Gedeh county, which has a high number of KPs, is being added as a new PEPFAR county. PEPFAR will support testing and prevention services. Clients testing HIV+ through prevention screening will be linked to nearby non-PEPFAR treatment sites, though these sites will receive support to ensure they are KP-friendly and provide high-quality HIV services. PEPFAR does not currently support treatment in Grand Gedeh County.

Pillar 2: Sustaining the Response

Continue advocacy for domestic resource mobilization: In ROP23, PEPFAR/Liberia will continue to advocate for HIV domestic resource mobilization. PEPFAR plans to support national efforts to increase domestic resources for future Government of Liberia HIV contributions. Additionally, PEPFAR will continue to advocate that MOH/NACP uses government and GFATM resources to scale up best practices and learning demonstrated under PEPFAR, such as PrEP, viral load services, DSD models, and E-Tracker. Liberia's current Global Fund grants will close by the beginning of FY24. Collaboration with the Global Fund Country Team and the Liberia CCM continues to be productive. As PEPFAR plays an active role in the CCM, it will ensure discussions are held on sustainable HIV epidemic control and that the next grant cycle is regarded as an opportunity to harness these conversations and leverage existing resources to achieve some of the goals related to sustainable HIV epidemic control. Meanwhile, conversations around sustainability must include supply chain, monitoring and evaluation, data visibility, DHIS2 E-Tracker roll-out to non-PEPFAR supported facilities, laboratory systems strengthening, health care provider training, and supportive supervision, among others.

Identify more qualified civil society organizations to implement service delivery work and continue support to CLM interventions: In ROP23, PEPFAR/Liberia will identify additional Civil Society Organizations (CSOs) qualified to implement service delivery activities and continue to support CLM interventions. PEPFAR will continue to develop the capacity of ten (10) local civil society organization partners currently involved with program implementation as sub-grantees. Among these CSOs are KP-led and PLHIV-led organizations, which are involved with various

aspects of program implementation at the community and health facility levels. Additionally, PEPFAR will support capacity development initiatives for the CLM partner, a local civil society organization. Together, the ongoing capacity strengthening interventions for these local CSOs will provide excellent opportunities for PEPFAR/Liberia to enhance its work with and progress toward local partner transition.

Integrate HIV services in existing PHC and public health systems: PEPFAR/Liberia will seek opportunities to utilize the existing primary health care system to enhance HIV service delivery. To do this, PEPFAR will support training on new technologies and cutting-edge innovations across the HIV cascade to staff who provide routine primary health care services at health care facilities and within communities. This means ensuring training in areas such as case-finding, index testing, counseling services, DSD, treatment continuity, treatment literacy, new tools, approaches, and strategies, among others, targeting existing service providers, including those who provide community-based services. By investing in this integration, PEPFAR will support sustainable approaches to ensure PHC and public health systems are equipped and ready to provide quality and sustainable HIV services.

Support activities outlined in the PEPFAR MPR/Core Standards assessment mitigation plan: In ROP22, Liberia completed a national MPR/Core Standards assessment in PEPFAR-supported and non-PEPFAR-supported ART sites. Overall, the PEPFAR-supported sites had high compliance with the Core Standards, while the non-PEPFAR sites had low compliance. As an outcome of the assessment, a detailed action plan was developed for the remediation of barriers and gaps observed in the implementation of global standards in the HIV response. This mitigation plan is being used as an advocacy tool in mobilizing resources to improve the quality of HIV services in Liberia. In ROP23, PEPFAR plans to close the gaps identified in the assessment by supporting activities outlined in the mitigation plan.

Pillar 3: Public Health Systems and Security

Strengthen individual patient tracking and follow-up by operationalizing DHIS2 E-Tracker: In ROP22, Liberia successfully implemented DHIS2 E-Tracker in all 21 PEPFAR-supported sites. In ROP23, PEPFAR will strengthen national surveillance capacity by expanding the E-Tracker database to all non-PEPFAR-supported ART sites using unique identifiers to track ART clients. E-Tracker expansion to non-PEPFAR sites will support the reduction and prevention of interruptions in treatment by tracking clients and silent transfers across facilities. To improve data quality and data use, PEPFAR/Liberia will support the annual national data quality assessment, on-site data verification activities, and monthly site-level data reviews across all ART sites.

Strengthen HIV supply chain to ensure commodity availability to the last mile: Like other West African countries, Liberia faces periodic stockouts of HIV commodities at site level, which are a major concern. Liberia is highly dependent on the GFATM, which funds 100% of HIV commodities. In ROP23, through GHSC-PSM, supply chain systems strengthening (quantification, management of supply chain information systems, logistics, and early warning system) will continue to be an area of emphasis with close coordination and collaboration between the GFATM, the Government of Liberia, and USG. In ROP23 PEPFAR has allocated $100,000 for condom procurement, which will increase the supply of condoms and help address the existing need. PEPFAR aims to support national efforts to enhance domestic resource mobilization for future Government of Liberia HIV contributions.

In ROP23, PEPFAR/Liberia will continue to strengthen the supply chain system by providing TA in quantification, inventory management, and last-mile delivery to ensure commodity availability at site level to support the scale up of 6MMD. In Liberia, the national policy approving 6MMD was adopted in January 2020 and is gradually being scaled up. As of FY23Q1, 76% of PLHIV on ART receive 3-5 MMD, and 34% receive 6+ MMD. PEPFAR will continue to support the implementation of 6MMD within PEPFAR sites and outside of Montserrado County to free up over-crowded health facilities and support continuity of treatment.

Strengthen Viral Load and EID sample transportation and results return systems: Liberia has seen significant progress in viral load coverage and suppression, though viral load coverage among children <15 remains low at 60% in FY23Q1. Currently, GFATM supports the majority of VL activities in-country through a comprehensive VL/EID improvement plan. This includes updates to SOPs and registers, costing studies for sample transport, improved reagent quantification (forecasting and supply planning), improved laboratory information systems, and quality management through NACP capacity building, equipment maintenance, and M&E frameworks. In ROP23, PEPFAR/Liberia, in collaboration with GFATM, will continue to strengthen the Viral Load and EID sample transportation and results return systems, improve monitoring and analysis of VL data at all levels, and site-level follow-up to ensure all eligible patients at PEPFAR-supported facilities receive EID and VL results. In ROP23, PEPFAR/Liberia plans to move toward an all-inclusive equipment rental model for VL/EID testing to mitigate issues related to equipment breakdown, maintenance, and reagents.

Strengthen support of HIV and TB services integration: In ROP23, in collaboration with the National AIDS Control and TB programs, PEPFAR/Liberia will support HIV and TB services integration screening and referral to ensure that all PLHIV are routinely screened for TB, all those diagnosed with TB complete TB treatment, and all those who screen negative complete TB preventive treatment.

PEPFAR and Global Health Security Agenda (GHSA) complimentary priorities: In Liberia, GHSA activities support laboratory strengthening through a regional approach. This investment will contribute to strengthening HIV services in the future. GHSA also supports pandemic preparedness and surveillance for health system resilience, which will contribute to PEPFAR's goal of a sustainable health system. PEPFAR/Liberia's priorities to strengthen national surveillance capacity by expanding the DHIS2 E-Tracker, strengthening the supply chain, and VL/EID sample transportation and results return systems will complement and advance national GHSA investments to support surveillance and laboratory strengthening.

Pillar 4: Transformative Partnerships

In Liberia, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) is the primary funder of the HIV response, including all related testing, ARV, and laboratory commodities. PEPFAR contributes the second largest investment towards the HIV response, followed by the Government of Liberia and UNAIDS. PEPFAR and GFATM investments are both focused on supporting HIV care and treatment for key and vulnerable populations, as well as for the general population. PEPFAR, GFATM, UNAIDS, and NACP have routine meetings and interact and collaborate closely through the CCM. The Government of Liberia pledged to purchase sexually transmitted infection (STI) medications as part of their contribution and cost share for the HIV response. That pledge was partially met in 2019, but it was insufficient for the country's needs, and this remains the case. A March 2022 report from the Office of the Inspector General (OIG) highlights fraud and abuse in the use of GF financing from the NACP. As a result, new leadership has been recruited and is poised to sustain the gains made. In ROP23, PEPFAR will continue to strengthen collaboration and coordination with the Global Fund to increase the impact of investments. PEPFAR/Liberia will also explore opportunities to leverage the private sector to expand PrEP and other HIV services.

In Liberia, a national stakeholder consultative meeting was held with major stakeholders, including the National AIDS Commission, the Ministry of Health/National HIV & STI Control Program (NACP), CSO partners, UNAIDS, the GFATM Liberia Country Coordinating Mechanism (LCM) and other national stakeholders on April 7, 2023. Additional consultations were held with the GFATM Country Team. During these consultations, emphasis was placed on ROP23 Core Standards and policy barriers, which need to be addressed to enhance access to services. Consultations also focused on the ROP22 process in general, overall recommendations for improvement, and aligning available resources to address gaps efficiently. To further strengthen ongoing consultations, PEPFAR/Liberia will host bi-annual CSO and KP consultations and will continue to hold quarterly PEPFAR IP meetings. There are also various technical working groups

(TWGs) on M&E, supply chain, HIV prevention, TB/HIV, etc., and PEPFAR will ensure its participation in these TWG meetings as a means of remaining actively engaged with stakeholders.

Pillar 5: Follow the Science

In ROP23, PEPFAR/Liberia will continue to collaborate with the NACP, GFATM, NAC, and UNAIDS regarding the implementation of population-based surveys and studies. PEPFAR will provide technical assistance to support a new KP size estimation and integrated bio-behavioral surveillance survey (IBBSS). PEPFAR/Liberia will enhance granular site-level data collection for more targeted implementation and continue to seek efficiencies to support site and county expansion based on data. In ROP23, PEPFAR/Liberia will expand the number of PEPFAR-supported facilities from 21 to 26 sites and expand community-level PrEP services to one additional county. This expansion is informed by available national data, which shows existing gaps that need to be addressed.

In ROP23, PEPFAR/Liberia will continue to scale up evidence-based behavioral and social science-based approaches such as PrEP and index-testing. Liberia successfully supported PrEP enrollment by strengthening PrEP policy and SOP rollout, provider training, and demand creation, and initiated service delivery to enroll eligible clients on PrEP services. Liberia will build on successes from ROP22 by continuing to support PrEP enrollment at facility and community levels.

Strategic Enablers

Community Leadership

PEPFAR/Liberia will continue to mentor and build the capacity of CSO sub-grantees and expand CLM to include more CSO implementers. To improve the quality of HIV service delivery and clients' experience, PEPFAR/Liberia, through the Data, Evaluation, Learning and Technical Assistance (DELTA), supported a comprehensive participatory engagement process with CSO stakeholders to revise and validate the CLM data collection tool. The updated tool will be piloted, and the CLM sub-awardee, CDG, will continue the implementation of data collection at facility sites. The Government National AIDS Control Program (NACP) and USAID will be involved in providing guidance on validating the CLM tool.

PEPFAR/Liberia, in collaboration with the Global Fund, held several joint consultations with key in-country stakeholders. The country was divided into five regions, and consultations were held with key stakeholders in all regions. Additional consultations have been held with civil society

organizations, the Government of Liberia, and GFATM Country. The following ROP23 priorities were agreed upon with national partners:

1. PEPFAR will provide central-level E-Tracker support as MOH/NACP plans to expand E-Tracker to an initial 20 non-PEPFAR-supported sites.
2. PEPFAR will expand PrEP services in ROP23 through increased targets and the provision of community PrEP services. MOH NACP will prioritize the expansion of PrEP services in the GC7 grant application. In-country stakeholders will collaborate with the GFATM to ensure the availability of adequate PrEP commodities to support scale-up.
3. PEPFAR will expand to an additional five facility sites in Nimba county and expand PrEP services to an additional county, Grand Gedeh.

Briefly highlight plans for community platforms that will be used/leveraged

In ROP23, PEPFAR will continue implementation through civil society organizations. The ten (10) CSOs involved with ROP22 implementation will continue to implement sub-grants; Community-Led Monitoring will continue to be implemented by civil society as well. PEPFAR/Liberia, through HRSA, will recruit additional CSOs to support the implementation of community-based PrEP services, and DOD will provide HIV services to the Armed Forces of Liberia through a civil society organization. PEPFAR/Liberia will continue to build strong collaborative ties with the association of PLHIV CSOs as well as the coalition of KP-led CSOs. Integral to this implementation framework will be CSO capacity strengthening as PEPFAR looks forward to a framework for increasing direct funding to local CSOs.

Innovation

PEPFAR/Liberia will continue to collaborate with the GFATM to ensure the availability of critical commodities and leverage Global Fund resources to improve KP programming. This collaboration is also vital as the program plans to expand PrEP and other essential HIV services in ROP23. Specific to strengthening KP services, PEPFAR/Liberia will expand its Going Online innovation, which has been effective in identifying more MSM and increasing service uptake among KPs. Additionally, the use of digital technology and social media to expand community-based services and increase HIV service uptake will remain a priority investment area.

In ROP22, PEPFAR/Liberia, in collaboration with the MOH/NACP, has established decentralized drug distribution (DDD) for ARVs. While this is a differentiated service delivery model intended to increase ARV delivery options, this initiative is also a unique collaboration with the private sector, particularly private pharmacies. PEPFAR/Liberia will expand DDD services in ROP23 to enhance ARV delivery.

Finally, PEPFAR/Liberia plans to explore opportunities to link KPs to government and other existing resources. In this regard, the National AIDS Commission (NAC) has established a domestic resource mobilization technical working group. PEPFAR will collaborate with the NAC and ensure the established TWG is used as a platform to advocate for increased domestic resources to sustain the provision of quality HIV services.

Leading with Data

PEPFAR will use E-Tracker for effective program monitoring and strengthen data QI/QA systems for KP programming. PEPFAR will also support MOH in rolling out the DHIS2 E-Tracker at non-PEPFAR sites. PEPFAR will support efforts to conduct an IBBSS and use data to inform KP needs/priorities and interventions. There are ongoing efforts to roll out the Root Cause Analysis (RCA) tool to address the continuity of treatment issues. PEPFAR will support enhanced data monitoring and will support the NACP and Global Fund CCM Oversight Committee with tools for better oversight and follow-up.

Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control

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)**
Attained	-	-	-	-	-	-
Scale-Up Saturation	-	-	-	-	-	-
Scale-Up Aggressive	25,922	796	21,490	24,141	3,807	94%
Sustained	-	-	-	-	-	-
Central Support	-	-	-	-	-	-
Commodities (if not included in previous categories)	-	-	-	-	-	-
No Prioritization	5,880	187	5,052			
Military (TA)				221	48	
Total	31,802	983	226,542	24,362	3,855	94%

Target Table 3 Target Populations for Prevention Interventions

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target (KP_PREV)**

FSW	**17,723**	**2,960**	**12,232**
MSM	**12,874**	**4,879**	**5,990**
TG	**1,892**	**522**	**2,067**
TOTAL	**32,489**	**8,361**	**20,289**

*Data source: KP population size estimates are from KP IBBS 2018, corresponding to four counties. Disease burden calculated from HIV prevalence of 16.7% FSW, 37.9% MSM, and 27.6% TG (IBBS 2018).

Mali

Country context summary

It is estimated that there are 114,513 adults and children living with HIV in Mali, with a 0.80 percent HIV prevalence rate among ages 15 to 49. 5,448 new infections are estimated annually at 0.3 incidence per 1,000 population.[1] Although a 33 percent decrease in HIV new infections has been reported since 2010, only 52 percent of total PLHIV are on antiretroviral therapy.[2]

Notably, a reduction of the HIV prevalence among FSWs in Mali was observed over the course of ten years, from 24.2 percent[3] to 8.7 percent,[4] while the prevalence among MSM was 12.6 percent according to Integrated Bio-Behavioral Survey (IBBSS 2020). FSW and MSM seize estimations are respectively 50,307 and 12,305.[5]

Key barriers to closing the gaps in the HIV cascade include a high degree of stigma and discrimination that limit access to prevention, testing, and treatment services; country programs still need to further optimize[6]gaps, such as machine and reagent availability while simultaneously further improving clinical practices to increase VL suppression rates of PLHIV. Timeliness, completeness, and accuracy of data entry at government facilities also represent a major bottleneck for the monitoring and evaluation of the program, along the entire HIV cascade.

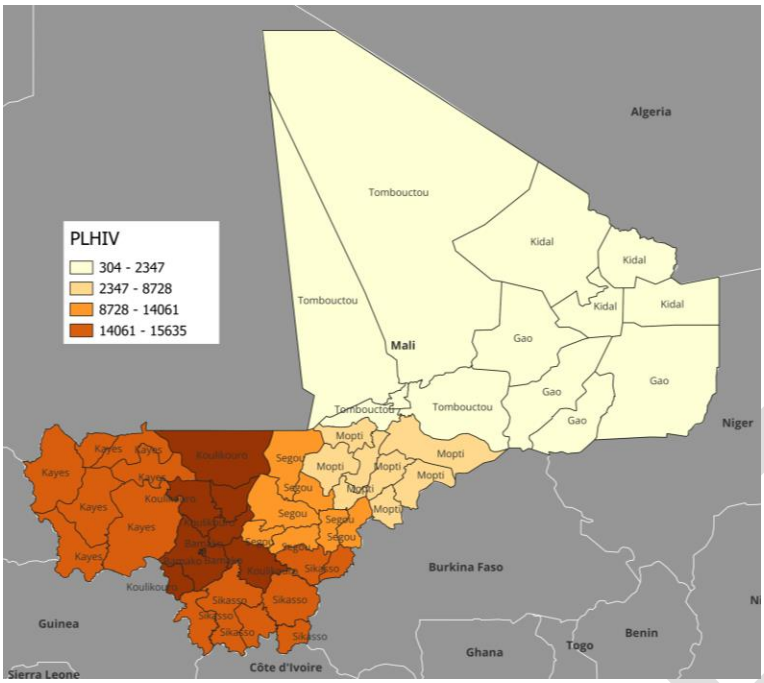
[1] UNAIDS 2020
[2] rapport annuel 2022 de CSLS TBH
[3] 2009 Integrated Bio-Behavioral Survey - IBBS
[4] RAPPORT Etude Bio-comportementale IST, VIH et tuberculose chez les femmes travailleuses du sexe et les routiers au Mali 2017-2019. CSLS-TBH. 2019
[5] Mapping and Size Estimation of Sex Workers (SWs) and Men Who Have Sex with Men who have Sex with Men (MSM) coupled with the biobehavioral study among MSM in Mali 2020
[6] 6th Demographic Health Survey of Mali (EDSM-VI). INSAT 2018

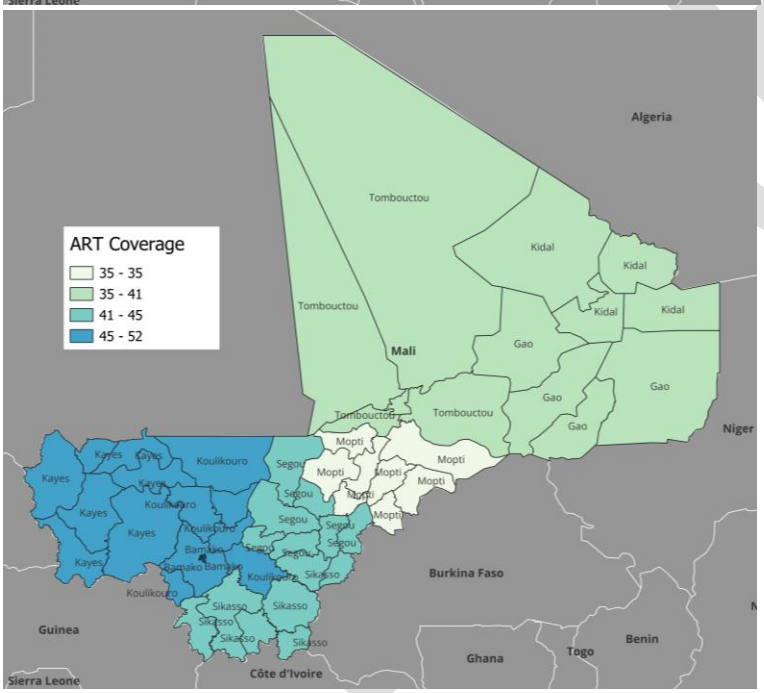
Mali is also affected by the insecurity situation in the Sahel and has developed a national strategy to ensure continuity of services to internally displaced populations (IDPs)[7]. The framework addresses internal displacement associated with conflict and paves the way for durable solutions. Based on the 2021 Internal Displacement Index report, the majority of the 284,000 new displacements recorded in Mali in 2020 were a result of conflict and violence, largely concentrated in the northern and central regions of Tombouctou, Gao, and Mopti. The number of IDPs in Mali has continued to increase, with 326,000 IDPs associated with conflict recorded at the end of 2020.[8] The vulnerable situation in northern and central Mali due to internal conflicts led to 370,548 IDPs in the country, representing 67,985 families.

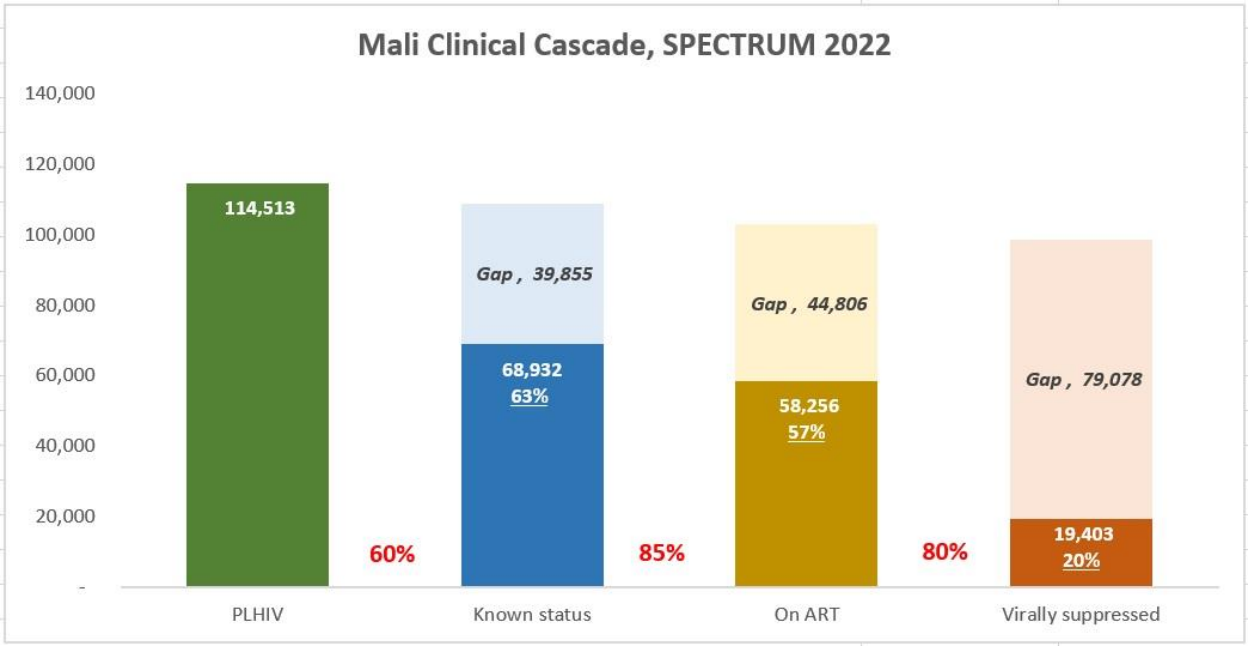
PEPFAR/Mali supports GoM toward the achievement of the 95-95-95 targets in three high burden regions: Bamako, Sikasso, and Segou. PEPFAR program is focused on optimizing HIV case-finding strategies to high-yield modalities including index testing; addressing gaps in viral load coverage including diagnostic network optimization, while further improving viral load suppression rates; 6MMD scaling up; roll out of dolutegravir (DTG)-10 for pediatrics; PrEP scaling up; and scaling up of case surveillance and unique identifiers for patients across all sites. PEPFAR also supports GoM on strengthening strategic information system along the HIV cascade with particular focus on the bottlenecks identified at government facilities by intensifying technical assistance. Increased support to local partners, particularly KP-led organizations, and community-led monitoring activities will also continue and expand where possible.[9]

Figure 2.5.1E Mali: People Living with HIV by Region, Gaps in ART Coverage and Viral Suppression

[7] National Authorities: Mali, Stratégie Nationale de Gestion des Personnes Déplacées Internes et des Rapatriés (2015-2017) (et Plan d'Actions), May 2015
[8] IDMC, Country profile: Mali, 2021


PLHIV
304 - 2347
2347 - 8728
8728 - 14061
14061 - 15635
Algeria
Tombouctou
Kidal
Gao
Mali
Niger
Burkina Faso
Guinea
Ghana
Togo
Benin
Côte d'Ivoire
Sierra Leone


ART Coverage
35 - 35
35 - 41
41 - 45
45 - 52
Algeria
Tombouctou
Kidal
Gao
Mali
Niger
Burkina Faso
Guinea
Ghana
Togo
Benin
Côte d'Ivoire
Sierra Leone



Standard Table 1.1 is required with most recent data

Table 1.1 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	21,038,620	0.54%	114,513	68,932	58,256	51%	0%	49,352	1,410	5,291	21,038,620	0.54%
Population <15 years	9,910,578	0.12%	11,745	4,052	4,036	34%	-	-	-	-	9,910,578	0.12%
Men 15-24 years	2,169,920	0.23%	5,039	1,990	1,667	33%	-	-	-	-	2,169,920	0.23%
Men 25+ years	3,448,515	0.91%	31,442	18,165	15,292	49%	-	-	-	-	3,448,515	0.91%
Women 15-24 years	2,105,363	0.52%	10,961	5,480	3,743	34%	-	-	-	-	2,105,363	0.52%

Women 25+ years	3,404,244	1.63%	55,326	39,245	33,518	61%	-	-	-	-	3,404,244	1.63%
MSM	28,345	12.6%	3,571	2,035	1,208	59%	94%	8,410	660	569	28,345	12.60%
FSW	69,910	8.7%	6,082	5,875	3,466	59%	90%	16,239	1,255	1,244	69,910	8.70%
PWID	-	-	-	-	-	-	-	-	-	-	-	-
Priority Pop (specify)	-	-	-	-	-	-	-	-	-	-	-	-

Table 1.2 is required

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	-	-	-	-
Scale-up: Saturation	60,101 / 50%	42,440	3	3
Scale-up: Aggressive	-	-	-	-
Sustained	-	-	-	-
Central Support	-	-	-	-
No Prioritization	58,964 / 50%	15,866	8	8
Total National	119,065	58,306	11	11

Pillar 1: Health Equity for Priority Populations

In ROP23, PEPFAR/Mali will work to reach more children put and maintain on treatment as well as realize their viral load. The main goal is to reduce the epidemic burden among the child

population. Index testing among biological children of KPs and priority populations (PPs) needs to be followed rigorously.

PEPFAR will continue providing support to MoH/NAC and 13 local partners which focus on providing HIV services to KPs (FSWs and MSM) and PPs (ART clients, contact clients through index testing, high risk populations and Internally Displaced People [IDPs]) through mapping, HIV risk assessment, and microplanning, thereby increasing HIV case finding rates and linkage to ART, retention and adherence to treatment, and VL access and monitoring.

PEPFAR will continue working with the Key populations, breastfeeding and pregnant women, children with proven interventions and strategies to close gaps in the cascade and will include the following interventions in the 23 supported health districts and 100 community health facilities:

- Offer HIV prevention interventions paid for and/or supplied by the MoH, PSM/USAID and Global Fund [e.g., condoms, HIV testing services (HTS), Pre-Exposure Prophylaxis (PrEP) for MSM and FSW] to reduce HIV risk among pregnant women, adolescents, and the young populations.
- Improve HIV case finding by looking for high risk population groups (e.g., infants, adolescents, men, women or among KPs) and through Index Testing, HIV self-testing (HIVST), an enhanced peer outreach approach (EPOA), and an Online Reservation Application (ORA) named IBADON. Clients who will test negative will be referred to comprehensive prevention services including PrEP for MSM and FSW.
- Strengthen access to ART initiation by (i) supporting task shifting; (ii) initiating and transitioning clients to optimized regimens, such as Tenofovir-Lamivudine-Dolutegravir (TLD), and (iii) offering multi-month dispensing (MMD) to stable patients and task shifting for ART initiation both at health facilities and the community level.
- ART case management based on client risk segmentation to improve ART adherence, retention and VL access and suppression; VL literacy.
- Addressing structural barriers to create an enabling environment.
- Strengthening professionalization of peer educators (PEs) and peer navigators (PNs).

In FY24, PEPFAR will continue to provide HIV services to IDPs in Bamako, Sikasso, and Segou regions. In coordination with other members of the National Health Cluster managed by the WHO in Mali, PEPFAR will ensure that IDPs are: i) receiving HIV prevention services including screening for gender-based violence (GBV) and linkage to post GBV services within 24 hours, ii) screened for HIV using a standardized screening tool, iii) linked and maintained to ART treatment, ensuring retention and VL access and monitoring, and iv) included into the national HIV cohort avoiding double counting when displaced from one location to another.

PEPFAR will continue supporting the National AIDS Commission and the GFATM team during the development of the national e-tracker by sharing the user experience and mentoring field-based MoH staff on e-tracker usage and data analysis.

Regarding its proven impact on the reduction of HIV, PEPFAR will continue to expand PrEP targets and services.

Pillar 2: Sustaining the Response

PEPFAR will continue working on the persistent barriers to the 95-95-95 goals and promote country-led response. PEPFAR will support the NAC in drafting a sustainability vision and roadmap with an operational plan. All the stakeholders will have the chance to provide their feedback. Measurable benchmarks will be set and the PEPFAR steering committee will be leveraged to monitor the implementation under the leadership of the NAC.

As for HIV funding in the country, multi-actors are contributing. The GOM, Global Funds, UNAIDS, PEPFAR and other donors. The country coordination mechanism (CCM) facilitates better coordination among all stakeholders. While PEPFAR contribution is determined yearly, GF budget is for each 3 years.

PEPFAR's new planning method will allow for the alignment of budget periods and eventually facilitate the efficient allocation of the country's key donors, PEPFAR and GF.

PEPFAR will encourage and support integrated national planning with all stakeholders and alignment with national priorities. That will help to leverage the contribution of other programs into HIV and vice versa. Any epidemic is standing alone. More the joint planning is done the more the epidemic can better be tackled.

The goal of PEPFAR is to achieve and maintain epidemic control through strategic technical assistance to improve HIV prevention, case finding, care, and treatment programming in countries supported by PEPFAR. One of the four objectives, on building long-term sustainability in order to attain and maintain epidemic control, is to support the transition of prime funding and implementation to capable local partners to meet the PEPFAR goal of 70% of funding to local partners.

Our program TA model is based on four mutually-reinforcing elements: 1) a focus on speed, scale and standards embodied in PEPFAR program Acceleration and Optimization models, which not only rapidly introduce new and proven innovations to break through bottlenecks and top off prior gains, but also quickly bring them to scale; 2) support that is customized to the differentiated needs of countries and targets populations; 3) targeted, results-based TA that tracks progress and outcomes daily, weekly, and quarterly and enables adaptive management and rapid course

correction; and 4) an increasing transition of TA/DSD to regional and local partners to support countries' journey to self-reliance.

The KP and PP programming will be guided by a cascade framework which illustrates how to reduce HIV transmission and ensure a high quality of life for KPs living with HIV.

The HIV activities will be funded in a coordinated way. Each partner has its role and respective contribution will be needed. The HCNLS and CSLS-TBH will ensure the leadership to fight against HIV. PEPFAR and Global Fund as well as other donors will join their effort to achieve the country strategy.

Although Mali is not formally referring to G2G, PEPFAR will support above site activities to ensure system strengthening and sustainability. Those above site activities complement the capacity building to 13 local organizations which aims to have them as prime in the near future.

- Planning is ongoing. It seems a bit premature to know the commodities procurement for GF and GOM. During the meeting with GF 2 weeks ago, they announced their plan to procure 100% of commodities.

Category	Item	Quantities	Funding
ARV	Emtricitabine/Tenofovir DF 200/300 mg Tablet, 30 Tablets	**4,500**	
Condom and lubricant	Male Condom (Latex) Lubricated, No Logo, 53 mm, 3000 Pieces	**505**	
Essential Meds	Ceftriaxone 1 gm, w/ Water for Injection Powder Vial, 10 Vials	**1,300**	
RTKs	HIV-1/2, Determine, 100 Tests	**1,595**	
RTKs	HIV-1/2.0, First Response v.2.0 Cards Kit, 30 Tests	**37**	
RTKs	HIV-1/2, Bioline 3.0, 25 Tests	**1,200**	
Laboratory	abbott VL reagent and consumables	**101**	
Total			

Pillar 3: Public Health Systems and Security

- COVID-19 has shown the importance of strengthening the national public Health institute. The impact of COVID-19 on HIV was spectacular. PEPFAR will continue to support NPHI to reinforce the country's capacity to prevent, detect and respond to infectious diseases. The lab as an essential component of NPHI, and other labs (serefo) were impacted during COVID-19. Any reinforcement in the lab will strengthen the public health system. The support will not only be in equipment but in staff training as well.
- The supply chain is key in the program. As in the past PEPFAR will make a focus on the supply chain both by procuring the commodities needed, its distribution and capacity building.
- PEPFAR will continue to provide technical assistance to the government, especially for annual quantification to enable it to respond to epidemics such as HIV, TB and other emerging infectious diseases.
- From October 2016 to June 2022, with funding from PEPFAR through USAID, the program worked with local government bodies (CSLS-TBH, HCNLS and INSP) and local KP-focused implementing partners to jointly plan, implement, and evaluate interventions along the HIV cascade to address the health service needs of KPs. The program focused on reducing HIV transmission and improving and extending the lives of KPs and PPs living with HIV. The project partnered with i) the Malian Government MoH departments such as CSLS-TBH, HCNLS, INSP and SEREFO, ii) KP-focused CBO subaward partners, and iii) other international implementing partners funded by USAID (e.g. Palladium-HP+ project, Chemonics Global Health Supply Chain Program's Procurement Supply Management [GHSC-PSM] project), The Global Fund (ARCAD Santé plus and CSLS-TBH), and WHO/UNAIDS. That partnership will continue in ROP23.

Pillar 4: Transformative Partnerships

The program will continue strengthening KP-led associations (CAS, DANAYA-SO, AFE, and RENAPOC) through COP funding. KP-led associations' activities will focus on prevention, linkage to care and treatment activities for the most at-risk groups and ensuring retention and VLS using an appropriate information system for more real-time decision making. The program will continue to focus on advocacy, leadership, and community engagement. On a weekly basis, the project team will provide technical support with regular programmatic reviews of gaps. Each month, sub-partners will submit activity reports, financial reports, and advance requests for review. The project team will ensure that all documentation is well-developed and efficient strategies are implemented to achieve project goals.

Jointly with RENAPOC and the CSLS-TBH, we will continue to implement a safety and security toolkit developed by and used throughout the LINKAGES project, train HIV program implementers to assess their security risks, identify priority security gaps and implement security plans. 280 field teams will be trained to use security logs which will be included in the community score card process.

Synergies with the Global Fund:

4. Coordination for capacity building of the CCM secretariat: USAID-funded personnel and equipment to strengthen coordination and strategic information; funding for capacity building activities.
5. Coordination for the development of the national e-tracker building on extensive experience in supporting Electronic Medical Record system in PEPFAR-supported sites
6. Monthly coordination meeting between GF and USAID/Mali to discuss emerging issues.

Pillar 5: Follow the Science

PEPFAR has a legacy of being guided by science and data to drive programming decisions. Its culture has consistently led to PEPFAR being an early adopter of innovations in products and program delivery relative to other donors.

In ROP23, PEPFAR will continue with the same practice. Data (qualitative and quantitative) be tracked daily, weekly and monthly to help make informed decisions. Attention will be paid to behaviors as well which will be monitored/observed to help make decisions.

Strategic Enablers

Community Leadership

- Community Led-Monitoring (CLM) has been used to monitor the program compliance with the standard: access to service with stigma and discrimination. The CLM will be feedback to improve services and to be responsive to the specific needs of each sub-population. Existing qualitative research may help clarify challenges and enablers that help providers to tailor interventions for the specific context.
- Stakeholders have been involved in the whole process. Partners government have led the national consultation. Civil society organizations including KP-led organizations have been fully involved in the ROP23 process. In addition to participating in virtual meetings, some representatives have participated in the in-person meeting in Johannesburg. All those were opportunities for communities' leaders to provide their feedback.

Innovation

- Incentive-based program to motivate Community Health Centers to improve maternal HIV outcomes (testing & treatment)
- Provide incentive kits to pregnant women to return to health centers after birth for infant testing

Leading with Data

- **Data quality assurance (DQA**): At the site level, program staff will continue holding monthly data review meetings with all staff where the data consistency, reliability, and completeness will be checked to ensure that high-quality and useful data are collected by the program. The project will continue to ensure data quality verification is conducted regularly (as frequently as quarterly, depending on when needed) at the implementing partner and health facility level for selected indicators using routine data quality assessment (RDQA) tool. The program will also proactively employ the findings from the DQA visits in FY23 to collaboratively develop interventions with implementing partners and government health facilities to address deficiencies in the system and to correct any data quality related issues. Interventions will include joint supportive supervision, mentoring, and quality improvement to continually assess, support the generation of, and improve data quality. Mentoring will be provided on data collection and quality control to all appropriate staff involved in routine data collection, including peer health navigators and health providers.
- **Data use and performance monitoring**: Effective program planning and implementation requires high-quality data that is analyzed and used regularly. Analysis against targets will continue to be conducted monthly and reported on a quarterly basis. Data will be used to monitor achievements against targets, as well as across the HIV cascade at the implementing partner level, across sites at subnational units, and country program levels. PEPFAR will continue to support a culture of evidence-based programming among different actors through weekly, monthly, and/or quarterly analysis and review of achievements against targets, as well as performance across the HIV cascade. To ensure that interventions are guided by all available data, the performance of each partner will be reviewed weekly by comparing achievements against expectations for that stage of the project. Subaward partners and health facilities will discuss their performance and identify challenges that affect achievements to develop improvement plans during these review meetings. The findings of these assessments will be used to develop improvement and action plans to rectify any deficiencies in performance.
- During the performance review, data will be analyzed at the granular level to show performance at the national, sub-national, site levels, and staff level. In addition, data will

be analyzed to show variation in performance using various variables such as age, geographic area, and different modes of intervention.

- For online activities, bi-weekly data reviews will be conducted looking at online service uptake, case finding, and risk level of clients using Ibadon. The impact on service uptake by individual promotional activities will also be monitored to identify those promotional activities that result in the greatest uptake and case finding to inform future promotional campaigns.

Target Tables

Target Table 1 is required

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)**
Attained	-	-	-	-	-	-
Scale-Up Saturation	60,101	2,827	38,577	45,457	7,468	76%
Scale-Up Aggressive	-	-	-	-	-	-
Sustained	-	-	-	-	-	-
Central Support	-	-	-	-	-	-
Commodities (if not included in previous categories)	-	-	-	-	-	-
No Prioritization	58,964	2,927	16,499			
Total	119,065	5,839	60,495	45,457	7,468	

Target Table 3 is required; however, the rows for additional prioritized populations may be different for each country.

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target**
MSM	**13,998**	**1,764**	**8,400**
FSW	**39,944**	**3,475**	**23,966**
TOTAL	**53,942**	**5,239**	**32,366**

*Include data sources in the text (i.e., not in the table itself)

Senegal

Country context summary

In 2023, Senegal began the process of developing an integrated national strategic plan to fight HIV/AIDS. The results of the sustainability index dashboard (SID) and the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR's) new strategic vision to end the HIV epidemic by 2030 inspired the 2023-2030 national integrated strategic plan (PNSI). The strategies proposed in the strategic plan align with the five pillars of PEPFAR's strategy.

Senegal aims to achieve strong, inclusive, and sustainable growth to consolidate the structural transformation of its economy and meet the aspirations of its people for greater well-being through quality human capital. To achieve this goal, emphasis is placed on improving the health of the population through an approach aimed at ensuring access to quality health services and a better response to pandemics, in accordance with the guidelines of the National Health and Social Development Plan (PNDSS) 2019-2028, which is backed by the Emerging Senegal Plan.

HIV/AIDS, viral hepatitis, and sexually transmitted infections share the same targets, identical modes of transmission, and social and structural determinants. Tuberculosis remains the leading opportunistic infection during AIDS and is the leading cause of death from a single infectious agent after the coronavirus disease of 2019 (COVID-19). The common targets and partners for these four diseases, as well as the person-centered service approach that the new strategy aims to achieve, require the integration of essential service delivery at the primary health care level, to ensure their continuity in a coordinated manner at all levels of the health pyramid.
Universal Health Coverage (UHC) is integrated in the 2023-2030 strategic plan. The plan accounts for public health events such as the COVID-19 pandemic which can disrupt the continuity of care. The integration of UHC and public health events justifies the development of an integrated strategic plan aligned with the WHO regional framework for a multisectoral response to the four target diseases.
The new integrated strategic plan accounts for advances and innovations in the prevention, detection and treatment of the four diseases. The plan promotes a person-centered approach and adopts a community-based service delivery model. The PNSI 2023-2030 is the product of a coherent process of analysis and planning involving, in a broad consultation, all the actors of the public health system, civil society organizations, universities, the private sector, international partners, beneficiaries' associations, and representatives of other ministerial sectors.

A multisectoral committee, under the leadership of the Directorate of Disease Control of the Ministry of Health and Social Action (MSAS), in collaboration with the National AIDS Council (CNLS), led this process with the support of partners and national and international experts.

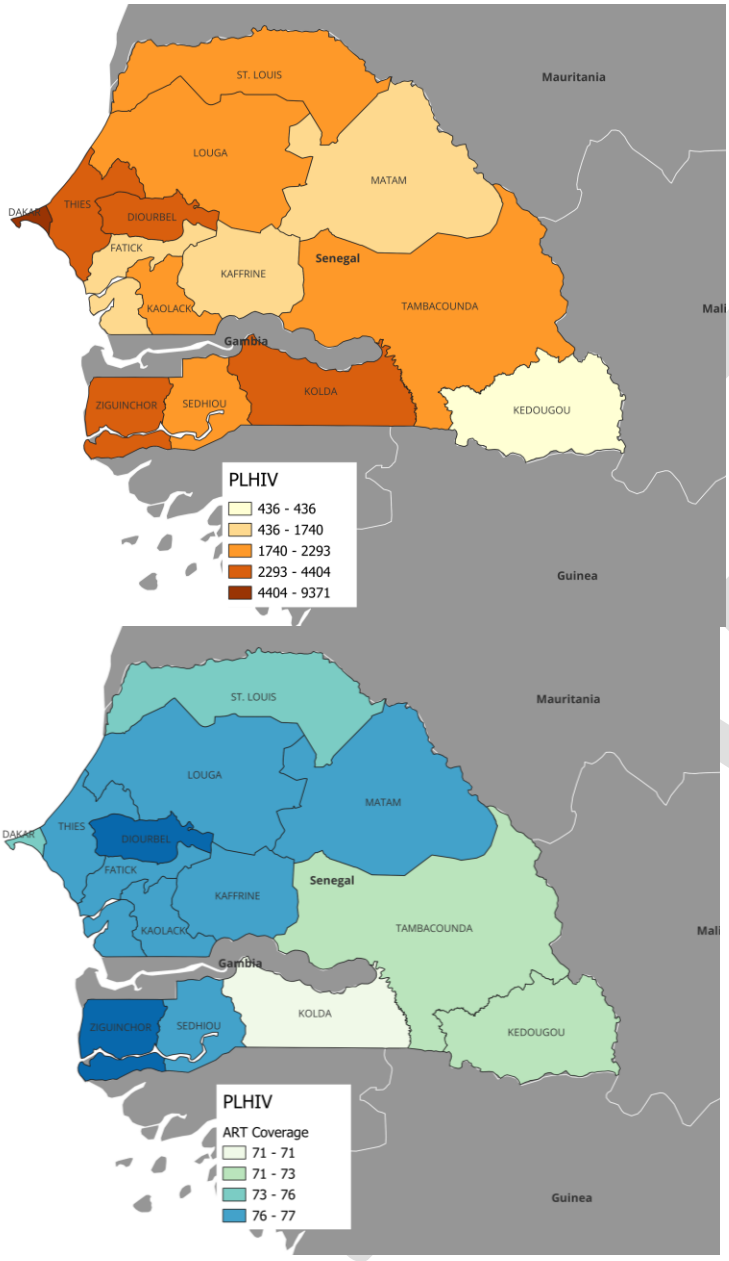
The PNSI 2023-2030 is the single framework for all actors in the fight against AIDS, tuberculosis, viral hepatitis, and STIs in Senegal. PSNI 2023-2030 is the reference for the programming of activities at all levels and the essential tool for the harmonization and alignment of the actions of different actors.

The PEPFAR program in Senegal will maintain its ROP22 geographic footprint and strategies by implementing activities in 13 districts (through 25 health facilities) in seven regions to reach epidemic control in key population (KP) groups, namely Men who have Sex Men (MSM) and Female Sex Workers (FSWs). PEPFAR will also target priority populations and children/partners of KPs. All PEPFAR sites in Senegal will offer PrEP.

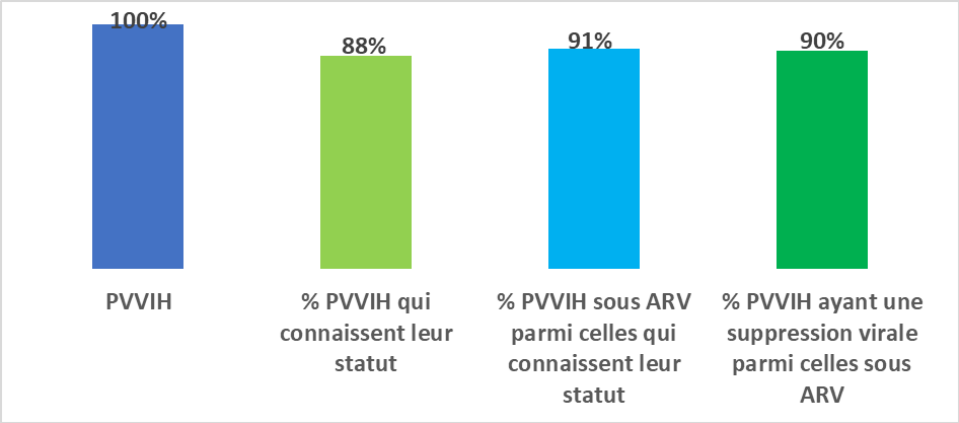
Standard Table 1.1 is required with most recent data

Table 1.1 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	17 738 795	0.31	41 560	36 714	33 423	80.4	90.0	714 528	6 995	5 096
Population <15 years	7 368 868	0 <	3 605	1559	1464	40.6	80.0	14 520	334	301
Men 15-24 years	1 744 520	0.09	1 601	11719	930	58	90.0	29 669	440	256
Men 25+ years	3 340 907	0.17	13 974		9016	64.5		66 797	2115	1563
Women 15-24 years	1 671 609	0.11	1 941	24 152	1300	66.97	91.0	276 257	705	374
Women 25+ years	3 612 891	0.24	20 439		20713	100		327 286	3401	2602
MSM	55 932	27,6	4 042	1627	1 326	32.8	93.0	14 169	852	458
FSW	30 321	5.8	1 003	967	517	51.5	88.0	20 723	468	131
PWID	6 931	3.7			9			4 212	127	*2*
Priority Pop (specify)	17 629	1.9								

Figure 1.1 is required in map form



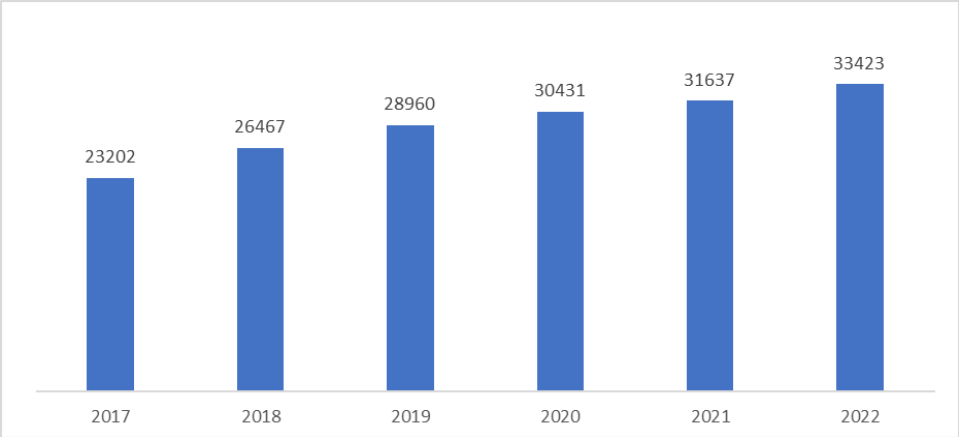
Trends in HIV prevalence by geographical area, Senegal 2011-2017



Situation of the 95-95-95 in 2022

Table 1.2 is required

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	-	-	-	-
Scale-up: Saturation	-	-	-	-
Scale-up: Aggressive	27,285 / 69%	20,436	7	7
Sustained	-	-	-	-
Central Support	-	-	-	-
No Prioritization	12,486 / 31%	9,584	7	7
Total National	39,771	30,020	14	14



Evolution of the number of PLHIV on ARVs, Senegal 2017-2022

Pillar 1: Health Equity for Priority Populations

PEPFAR in Senegal will support the new PNSI 2023-2030, which is a new strategic approach to tackle all gaps related to inequity. There is currently an ongoing national five-year plan related to human rights. The plan provides planned interventions to cover HIV service gaps and barriers related to law, regulations, and social behaviors perception.

Addressing human rights and inequalities issues, PEPFAR will support the Senegalese government in the review of their HIV law to account for the new scientific data and social contexts, reinforce the process of tracking formal and informal fees related to HIV prevention, care and treatment services, and revise the regulation of FSWs to reduce HIV vulnerability. PEPFAR will work with Community-based organizations (CBOs) to reinforce their advocacy and leadership roles in implementation and follow-up of HIV regulation and policies with careful attention to respect, and reduced inequality, stigmatization, and discrimination.

PEPFAR will intensify primary prevention to reduce new HIV infection in youth and adolescents by supporting the identification and support of youth-led organizations, reinforcing communication channels to disseminate HIV prevention, and providing care and treatment information adapted to adolescent and youth groups through online interventions, social media, or other digital applications. To increase HIV service uptake among youth and adolescents, PEPFAR will support the initiative and increase youth and adolescent leadership and peer-outreach approach. PEPFAR will strengthen interventions to improve children's access to HIV testing, treatment, and viral load through reinforcement of differentiated service delivery models to reach families, mothers, and high-risk children.

To ensure access to quality testing, treatment and care services for priority populations, PEPFAR will strengthen the decentralization policy by supporting the provision of services through a

patient-centered approach, implementation of the differentiated service delivery (DSD) model and collaboration with the Ministry of Health (MoH) to include "health posts" which are the primary community-facing public health facilities.

PEPFAR will continue working with KP-led organizations to reinforce their organizational capacity in technical approaches, program implementation, fund and project management cycles including all reporting processes, and support for and sustainability of partnerships with health facilities and the MoH system, including service providers and reporting systems.

PEPFAR will provide support to the implementation of community-led monitoring (CLM) intervention which will enable KP-led organizations and other CBOs of HIV high-risk population groups to monitor and report stigma and discrimination behavior. Notifications received at the central level will be used by PLHIV national network associations and the government to provide assistance and rapid response. PEPFAR will continue advocacy for the implementation of PrEP at the community level to improve the coverage of PrEP, ensure follow-up for prevention services provided, reinforce supply chain mechanisms, and improve reporting of these activities.

Pillar 2: Sustaining the Response

- During the current fiscal year, PEPFAR contributed to the development of the PSNI 2023-2030, national HIV report 2022, and response to the Global Fund GC7 fund renewal process. Understanding the importance and role of politics in the sustainability of HIV response encouraged PEPFAR to work with the National AIDS Council S (CNLS). PEPFAR partnered with NACS (CNLS) to reinforce the political, programmatic, and financial sustainability agenda of the national HIV response.

- PEPFAR, in partnership with NAC, will conduct a government to government (G2G) project to support the reinforcement of the coordination role of NAC with other government departments such as communication, economy and finance, education, new technology, and youth. This collaboration will ensure that a sustainability roadmap is developed with a monitoring plan to ensure a strong follow-up occurs. The NAC will monitor the correct integration of different strategies implemented with measurable sustainability indicators.

- Monitoring of the PNSI 2023-2030; domestic government funding; closely work with another donor such Global Fund (Country Coordinated Mechanism).

Pillar 3: Public Health Systems and Security

- During this fiscal year, PEPFAR worked jointly with the National AIDS Commission (NAC) (CNLS) and the national HIV program (MoH/Division to fight against HIV) to coordinate

HIV interventions. The collaboration enabled PEPFAR in Senegal to reinforce the national reporting system for HIV using the District Health Information Software (DHIS) platform e-tracker (MoH/DPRS), support national commodities quantification (MoH/CNLS-PNA), expand and reinforce national laboratory network functionality (MoH/DLSI-LBV and HMO), and work with the health region to ensure HIV response coordination for operations at both the programmatic and fund management level, including data analysis for decision making.

- PEPFAR will continue strengthening national public health institutions to ensure they take leadership in the HIV response for the implementation, coordination, and planification of activities. PEPFAR will ensure that monitoring tools to track activities supply chains, data systems, and laboratories are well developed and under the ownership of NPHIs. All data developed platforms prepare the national health system for pandemic responses and emergency operation interventions.

- PEPFAR will support health system strengthening and promote adaptive epidemic response related to local contexts and regional interactions (transborder exchanges) using evidence-based approaches and available data. PEPFAR will support the NACS in monitoring the implementation of the new national integrated strategic plan which includes HIV, Tuberculosis and Hepatitis.

- Using the DSD approach and patient-centered interventions, PEPFAR will support the health system to accelerate the development of a public health approach based on simplified and standardized interventions, such as the utilization of the private sector to improve access and dispensation/distribution of commodities and improve lab access using community-based delivery initiatives.

- PEPFAR will continue working with the government to ensure coordination in the quantification and procurement process for all HIV commodities with Global Fund and government donations.

Pillar 4: Transformative Partnerships

During this fiscal year, PEPFAR supported CBO participation for the country's national HIV response through central level leadership roles, global HIV intervention: prevention, care, treatment, viral load demand creation, data collection and management, and funding management. The country achieved significant results with the support of CBOs and continues to ensure other donors such the Global Fund, development bank, and other multilateral or private sectors use this initiative to reinforce HIV response in the country.

PEPFAR will continue to lead regular meetings to exchange experiences and interventions which will enable program partnership at the country level ensuring complementarity. CBOs will continue receiving technical and financial support to enable their participation in regional and international meetings. The support will improve their capacity to present their work and negotiate funding with partners.

At the country level, PEPFAR will continue to support the participation of CBOs in important meetings with WHO, UNAIDS, and other private sectors to enable the development of long-lasting partnerships with national, regional, and international institutions.

Pillar 5: Follow the Science

During this fiscal year, PEFPAR supported the organization of the National AIDS Conference (scientific day on AIDS 2022). PEPFAR also supported the MoH/Division's participation in the Francophone Alliance of Health Workers Combatting HIV and Chronic and Emerging Viruses (AFRAVIH) and National AIDS Conference. Progressively, PEPFAR is developing a strong partnership with the national public health institute (University Cheikh Anta Diop/Institute of Health and Development). The public health institute will provide assistance to the MoH/ Division to fight against AIDS in data analysis for decision making and dissemination.

PEPFAR will promote innovation and research for efficiency, quality, equity of care, and sustainability using routine data collected from public health facilities and community interventions. The promotion of innovation and research will ensure that programs at central and regional levels are improved through the use of science. In Collaboration with DLSI and CNLS PEPFAR will support the biometric unique identifier system to assure deduplicated reporting and improved cascade monitoring. The system will be developed and piloted with a client acceptability and user survey before rollout.

The identification and scale-up of innovation and evidence-based interventions will be supported for all interventions from prevention to viral load suppression, including the behavioral component. PEPFAR will support development and institutionalization at the national level of the dissemination. PEPFAR will use new technologies, such as webinars, for best practices exchanges, support the development of partnership with national teaching schools, and work with students on their work about specific HIV-related topics such as the geographic HIV gap, or challenges providing oriented responses to solve HIV programming.

Strategic Enablers

Community Leadership

- At the national level, there are ongoing efforts to establish a functional CLM approach with a community observatory of treatment in Senegal funded by the International Treatment Preparedness Coalition (ITPC) and implemented by the National PLHIV Network (RNP+). PEPFAR also implemented the CLM intervention with the local non-governmental organization (NGO) AWA. This current fiscal year, the PEPFAR CLM intervention will be done by RNP+.
- PEPFAR will continue to strengthen community leadership at all levels ensuring that community actors are trained on a comprehensive HIV program implementation approach, data analysis for decision making, and have access to data. PEPFAR will ensure that community-led organizations have sufficient leadership in program implementation, including fund management. Through CLM intervention, PEPFAR will reinforce the monitoring of inequity barriers to reduce inequities and address stigma and discrimination through data collection and analysis. Data will be gathered from client satisfaction information, analyzed, and shared with political and other decision-policy makers.
- As noted in Pillar 1, related to youth in Senegal, PEPFAR will continue to strengthen adolescent and youth-led organizations to strongly involve them in HIV program implementation and design at the central level. PEPFAR will support the youth peer implementation approach to create innovative interventions targeting this age group and support service delivery.

Innovation

- Currently PEPFAR is supporting various platforms and engaging in meetings where best practice and success stories are shared in supported sites/regions and with other national stakeholders and decision makers.
- In collaboration with the government, PEPFAR will support the formalization of proven and evidence-based innovation strategies into manuals. The manuals are to be included in policy reviews, national program planning, or requests for funding. PEPFAR will ensure innovations contribute to pillars 2 and 3 reinforcing the public health system in a sustained manner.
- Innovation from the field, through public health facility experience or community-based behaviors, will enable the country to close the HIV gap while addressing culture barriers and accounting for the time required for successful implementation of innovations. PEPFAR will work with public health institutions to identify innovations that have a high impact and are cost-effective for a national scale-up (pillar 5)

Leading with Data

- Currently PEPFAR is supporting data collection using an electronic database, which will enable the use of data for decision making. PEPFAR will continue to support the MoH/DLSI in collaboration with UCAD/ISED to improve the use of data for decision making through disaggregated data. Granular information with collaboration from institutions will provide transparency in decision making and strong program planning and management.

Target Tables

Target Table 1 is required

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)**
Attained	-	-	-	-	-	-
Scale-Up Saturation	-	-	-	-	-	-
Scale-Up Aggressive	27,285	437	20,761	19,964	2,065	76%
Sustained	-	-	-	-	-	-
Central Support	-	-	-	-	-	-
Commodities (if not included in previous categories)	-	-	-	-	-	-
Military	-			1,433	135	
No Prioritization	9,727	958	9,727			
Total	39,771	1,395	30,488	21,397	2,200	

Target Table 3 is required

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target (KP_PREV PP_PREV)**
FSW	**-**	**-**	**4,525**
MSM	**-**	**-**	**9,138**

Military	-	-	**6,000**
TOTAL	-	-	**KP_prev 13,663 PP_prev 6,000**

*Include data sources in the text (i.e., not in the table itself)

Sierra Leone

Country context summary

FY24 represents Sierra Leone's fourth year as a PEPFAR OU. PEPFAR has been very successful in Sierra Leone, including with PrEP, for which Sierra Leone leads the West Africa Region with approximately 18% coverage of KPs (PrEP_NEW/IBBSS 2021).

Sierra Leone has a population of approximately 8.4 million (World Bank 2021) and an estimated 76,604 PLHIV (Spectrum 2022), with an HIV cascade of 79-91-45 (Spectrum 2022). National HIV Prevalence is 1.41% (Spectrum 2022). KP estimates and prevalence (IBBSS 2021) are as follows:

KP Category	Prevalence	Consensus Size Estimate
FSW	11.8%	27,990
MSM	3.2%	16,126
TG	4.2%	1,364
PWID	4.2%	3,938
Total		49,418

During ROP22 planning, NACP, UNAIDS, and NETHIPS, the CLM partner urged PEPFAR to consider sharing best practices beyond the 30 sites and four districts supported through PEPFAR. With a 6% funding reduction in a program which has not yet reached funding proportional to its PLHIV when compared to several other WAR OUs, stakeholders agreed to consider models for spread, but no firm commitments were made.

The PEPFAR program in Sierra Leone is a KP+ focused program. Sierra Leone joined PEPFAR following completion of $2 million in KPIF funding to the six original WAR OUs and having not been selected for game changer funds in prior years.

At the co-planning meeting in Johannesburg, Sierra Leone stakeholders discovered that the 5x3 strategy and other aspects of the vision of the Global AIDS Coordinator makes ROP23 the right

moment to deliver on the continued pleas from stakeholders to extend the reach of PEPFAR beyond PEPFAR supported sites and districts.

The data suggests that eight of Sierra Leone's sixteen districts are high burdens, with PEPFAR supporting four of the eight. For ROP23, PEPFAR intends to further saturate the four existing high burden districts and expand to three of the four remaining high burden districts. Expansion to the final high burden district will be considered during FY24 if this can be accommodated within existing funding.

The PEPFAR team and stakeholders are focused on the "95s by 25," with a further challenge recently by Minister of Health Demby to reach for 98-98-98. It is well understood that these milestones cannot be achieved unless the entire National HIV Response is oriented to these goals. The agreement reached during the co-planning meeting, which was subsequently widely endorsed during a three-day retreat organized by the National AIDS Secretariat (NAS), and embraced by PEPFAR's implementing partners, involves a hub and spokes approach, to be used in existing and expansion districts (N=4+3), with PEPFAR supported DSD (HUB) and TA (HUB) sites providing support to additional high-volume sites supported by MoHS, Global Fund and private actors (PEPFAR multiplier).

PEPFAR will work with the DHMTs and PEPFAR facilities to identify a cluster of peripheral facilities within a 5 km radius around each PEPFAR supported site. The PEPFAR site will serve as a hub while the identified peripheral facilities will be spokes. PEPFAR will work with the DHMT and the health facility to build the capacity of each of the spokes with high-impact target HIV testing services. A referral and linkage coordination network will be established between each cluster. The peripheral facilities will also support differentiated service delivery models.

Using the Pareto principle, PEPFAR will provide TA to NACP to analyze program data across all districts to identify 20% of sites contributing to 80% of the HIV burden in each of the high-burden districts. PEPFAR will work with the NACP and DHMT to identify 5 sites in each of the districts that will be supported via PEPFAR DSD sites (demonstration sites) and 10 sites that will be supported through a DHMT administered TA approach. PEPFAR will build the capacity of a cadre of clinical mentors drawn from the key facilities within the district and support the mentors to conduct periodic supportive supervision visits. PEPFAR, NACP and the DHMTs will conduct periodic joint mentoring visits. Districts participating in these approaches will have targets to guide implementation. PEPFAR will deploy technology related capacity building interventions such ECHO and blended learning across all the sites. Periodic performance reviews will be implemented to measure progress toward agreed upon goals and targets.

An additional aspect of the ROP23 plan is to expand NACP capacity to provide effective oversight of facilities supporting HIV services. The aim is to improve the breadth of services across the

National Program and to make services more client centered and KP friendly. There are private partners supporting HIV services but not supporting index-testing and ART initiation on the same day. Given that these modalities are in the National Guideline, PEPFAR will assist NACP in helping other partners to understand the importance of these approaches and ensure their alignment with the guidelines (PEPFAR multiplier).

With continued strong performance in relation to targets, it has become clear that PEPFAR in Sierra Leone can do more within existing funding. In FY23, PEPFAR plans to expand to additional sites in the four existing PEPFAR districts, with the possibility of nearly doubling the number of sites. For ROP23, modeling of the costs associated with delivering a defined package of services at more sites and in more districts has led to a confident proposal to expand to three of four remaining high burden districts using a smaller footprint involving a PEPFAR-supported site "hub" and non-PEPFAR site "spokes," gradually spreading to greater distances from the hub, resulting in a PEPFAR multiplier effect.

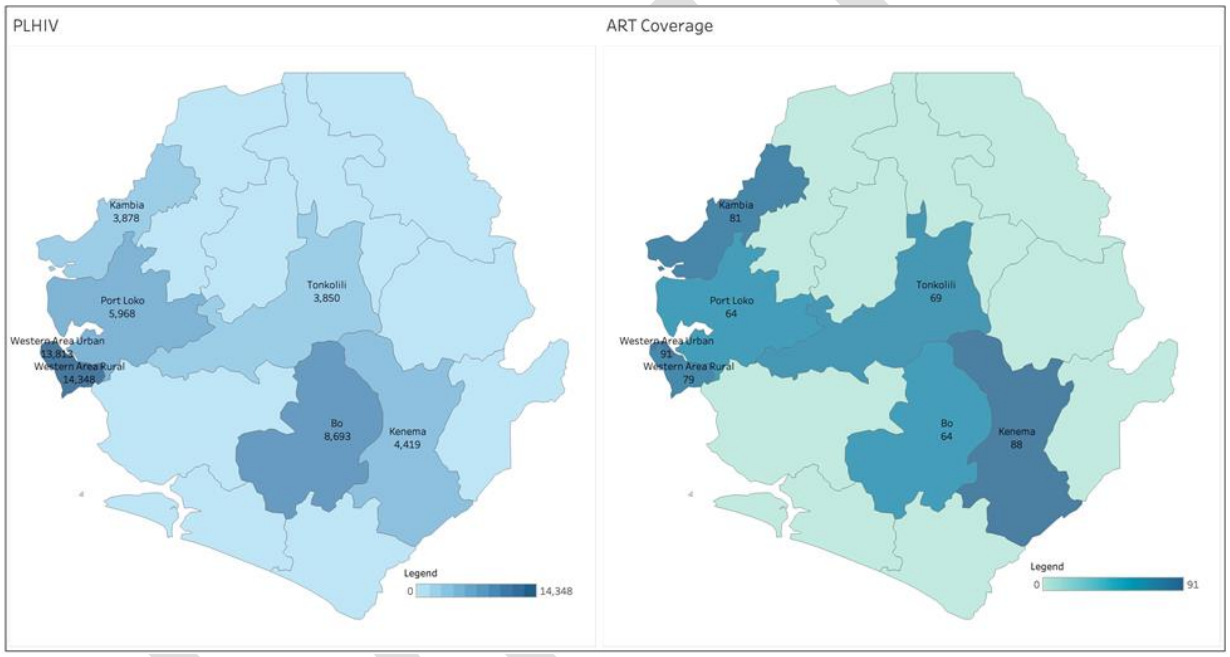
Successful training, supportive supervision, and mentoring approaches can be scaled within existing funding, with plans for further saturation of expansion districts. Saturation of three ROP23 expansion districts and expansion to the final high burden district have been tabled for ROP24.

Standard Table 1.1 is required with most recent data

Table 1.1 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 (%) *(95-95-95)*	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	8,185,905	1.41	76,604	59,749	58,014	75.7	46	509,589	19,238	*14,466*
Population <15 years	3,014,543	0.22	6,684	1,704	1,704	25.5	18	45,884	1,190	*413*
Men 15-24 years	861,960	0.38	3,302	2,179	2,112	64.0	41	196,470	5,074	*4,368*
Men 25+ years	1,715,295	0.95	17,871	14,787	13,119	70.9				
Women 15-24 years	844,461	1.14	9,591	7,407	7,407	77.2	49	313,119	14,164	*10,098*
Women 25+ years	1,749,643	2.75	39,156	33,672	33,672	85.6				
	Pop. Size Estimate	IBBS, 2021	Pop. Size Estimate	Pop. Size Estimate	IBBS, 2021					

MSM	240,000	3.2%	28320	27754	3172	11	3109	5,556	165	Data not available
FSW	20,000	11.8%	640	627	496	79	486	38,053	748	Data not available
PWID	1,500	4.2%	48	123	46	37	119	650	13	Data not available
TG	3,400 (IBBS)	4.2%(IBBS)	248(IBBS)	243	96	40	94(IBBS)	Data not available	Data not available	Data not available
People in close settings	4,801	3.7% (IBBS)		174	171	98	167(IBBS)	Data not available	Data not available	Data not available

** Male 15+* **** Female 15+***



Current Status of ART Saturation

SNU 1	Prioritization (Planning Year)	FY24 PLHIV Estimate	Percent to Total (FY24 PLHIV)	Current on ART (FY22)	Count of PSNU FY23	Count of PSNU FY24
Sierra Leone	Scale-Up: Aggressive	42,624	60.38%	11,296	4	4
	Not PEPFAR Supported	27,973	39.62%			4
Total		70,597	100.00%	11,296	4	8

The Spectrum 2022 PLHIV estimate is 76,604, with an HIV cascade of 79-91-45. The PEPFAR TX_CURR through FY23 Q2 is 13,330, which corresponds to approximately 25% PEPFAR ART coverage. The four PEPFAR districts are all scale up aggressive, and three additional high burden districts will be added in FY24 for a total of 7 PEPFAR supported districts.

Pillar 1: Health Equity for Priority Populations

PEPFAR is implementing strategic interventions aimed at increasing coverage and enhancing the quality of HIV care for PLHIV in PEPFAR-supported facilities and is providing technical assistance to NACP to improve the National HIV response. Key interventions include strategic HIV case identification through index testing services, optimized provider-initiated testing and counseling, and targeted KP focused HIV testing. Efforts have also been made to improve linkage and treatment continuity of identified HIV positive clients through training and mentoring of healthcare providers on quality HIV testing and implementation of facility-level quality improvement projects and proper documentation of services.

PEPFAR supports eight KP DICs and is making investments to enhance the services provided to key populations. PEPFAR launched a community care clinic/moonlight outreach with a complete clinical set-up aimed at reaching FSW with HIV prevention services including PrEP.

PEPFAR continues to focus on building local capacity to support sustainability. Clinical mentors have been identified and trained at both national and sub-national levels. District level mentors are being strengthened through joint mentoring visits and functional district-led data review meetings. There is additional mentoring and coaching of healthcare workers and other project ad-hoc staff at the sites.

PEPFAR continues to explore the use of information technology such as ECHO and Blended Learning to support ongoing capacity building for high-quality ART services. Interactive e-wallboards and wall-screens have been introduced for data visualization to promote data use and support advocacy.

Plan to support Pregnant and Breast-Feeding Women

Regarding Pregnant and Breast-Feeding Women, PEPFAR will partner with MoHS to integrate PMTCT into RMNCH services. PEPFAR will collaborate with UNICEF, WHO, and the MoHS RMNCH Directorate to rapidly implement the agreed phases of the PMTCT integration roadmap. These phases include building capacity of district wide mentors and trainers and scaling up PMTCT in all RMNCH service points in all district hospitals. This will be followed by a saturation phase that will ensure scale up of PMTCT services to all Comprehensive and Community Health Centers (CHC), Modern Primary Health Centers (MPHC) and Primary Health Centers (PHC) providing RMNCH, and a final phase of saturation will be built upon hub and spoke approaches to reach all Primary Health Units and other entities providing RMNCH services.

Plan to address AGYW

Regarding AGYW services, program data from the DHIS show that HIV positivity (yield) among adolescent girls and young women is very high (up to 10% in some of the districts in 2022). Also 61% of the FSW reached through the PEPFAR prevention outreach activities were AGYW and accounted for 77% of all new positive identified through these services.

PEPFAR will continue to focus on the objective of reducing HIV incidence amongst AGYW. PEPFAR will work with local partners to implement targeted HIV prevention programs including condom education, and sexual and reproductive health counseling using human centered design principles. PEPFAR will implement targeted HTS intervention to reach AGYW and link new cases to treatment.

Plan to support KPs

In FY23, PEPFAR made use of a novel approach to delivery of community-based services through an innovative Government adopted comprehensive community care clinic, which will be scaled to other districts in FY24. The clinic is made up of an integrated mobile site (tents and privacy screens, a nurse to dispense PrEP and ART, peer educators and navigators, and PrEP champions), and services are provided during moonlight events in priority hotspots & KP congregate settings. This is supplemented by "Nichoto" activities in which KPs are invited to KP-friendly locations and offered HTS and integrated multi-disease screening.

PEPFAR, in partnership with NACP, will scale up this community focused mobile care clinic to bridge the inequity in KP programing in Sierra Leone. Furthermore, PEPFAR will continue to scale up targeted testing at KP hot spots through the moonlight approach. This approach continues to support high case finding, while reducing stigma and discrimination.

Currently five facilities (Tombo, Murray Town, Macaulay, Ross Road and Lakka) provide treatment to all KPs diagnosed as HIV positive from the DICs and community activities. Nurses from these sites serve as KP focal persons and have been trained in KP friendly service delivery. Additionally, facilities have been mapped to support KP services in the focus districts. 10 facilities were assessed for the provision of KP friendly services. Comprehensive training on a KP package of services including stigma and discrimination and gender norms orientation is planned for key staff involved in provision of KP services in the facility team once the new harmonized tools (revised national registers capturing key population services) have been deployed to all the sites.

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

PEPFAR is implementing strategic interventions aimed at increasing coverage and enhancing the quality of HIV care for PLHIV in PEPFAR-supported facilities and is providing technical assistance to NACP to improve the National HIV response. Key interventions include strategic HIV case

identification through index testing services, optimized provider-initiated testing and counseling, and targeted KP focused HIV testing. Efforts have also been made to improve linkage and treatment continuity of identified HIV positive clients through training and mentoring of healthcare providers on quality HIV testing and implementation of facility-level quality improvement projects and proper documentation of services.

Plan to support Pediatrics

Regarding the pediatric cascade, Sierra Leone has the lowest pediatric coverage within the PEPFAR West Africa Regional Program (estimated at 13%). Within its first two years as a PEPFAR OU, pediatrics was given relatively low priority but is receiving greater attention in FY23.

NACP believes that pediatric HIV services need to be decentralized to improve case finding. PEPFAR is also looking to increase attention on pediatric hospitals, and health facilities with high pediatric caseloads, to increase case finding. PEPFAR will also support effective linkage and on-going care, recognizing that retention tends to be lower with children. Though PEPFAR may reach more children within existing and new PEPFAR DSD and TA sites, the goal is to increase National pediatric coverage and suppression.

PEPFAR will build the capacity of all ART sites and support rapid expansion of decentralized high quality pediatric ART services using the Integrated Management of Childhood Illnesses (IMCI) Model in new DSD and TA sites.

Staff will be trained to provide high quality pediatric HIV services. Job aids and ongoing capacity building will be deployed via Project ECHO, and blended learning will be used to enhance learning. PEPFAR will invest in genealogy testing as part of its index testing program for all women on ART and incentivize others who are in treatment to bring the children for testing, especially those under five. PEPFAR will support integration of HIV testing in nutrition clinics and pediatric wards to improve case finding and treatment coverage.

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

Sierra Leone completed the Stigma Index 2.0 and has a relatively well-developed roadmap regarding what is needed to address stigma, discrimination, human rights, and structural barriers. Global Fund is making significant investments in these areas, and PEPFAR is considering a Lift Equity Initiative proposal (advanced to second round) which further targets these issues including assisting with execution of nascent Global Fund investments.

Sierra Leone's LIFT Up Equity Initiative will support investments e made in these key areas, consistent with the PEPFAR 5x3 Strategy and with the pursuit of the 95s by 25. Supporting Global Fund investments will be catalyzed to achieve the greatest impact.

Prevention plan that promotes equity, especially advancing access to PrEP

Sierra Leone has an estimated 49,418 KPs (IBBSS 2021) and has enrolled nearly 9,000 KPs (PrEP_NEW) through FY23 Q2. This represents approximately 18% coverage. The PEPFAR PrEP COOP has identified Sierra Leone as one of six OUs on a glidepath toward PrEP saturation.

The program is community-based and uses KP DICs and community hotspots to administer combination prevention services. In some cases, same day ART initiation is offered at DICs and hotspots, with a nurse from a nearby health facility serving as part of the team.

In ROP23, provisions to support discordant couples will be added in line with the national strategic direction as well as support pregnant women who are at high risk of acquiring HIV.

Pillar 2: Sustaining the Response

The PEPFAR program has consistently met or exceeded most targets, particularly with case finding and treatment initiation. Innovative high-yield and high-impact interventions implemented within the 30 PEPFAR-supported facilities have been highly effective, and a dramatic improvement in the National Cascade reflects the impact of PEPFAR.

Viral suppression is high, but viral load and EID testing coverage remains poor for reasons beyond the immediate control of PEPFAR but with sustainable solutions about to take hold. PEPFAR viral load testing coverage exceeded National performance as PEPFAR took full advantage of any existing testing capacity. Mother-to-child HIV transmission remains high (21%), and pediatric ART coverage is very low (13%).

The NAS continues to provide effective leadership in policy and strategy development and evaluation, with strong collaboration with stakeholders. A midterm review of the NSP was recently conducted followed by a stakeholders retreat to make changes to the NSP based on the midterm review. This effort informed PEPFAR ROP23 and Global Fund GC7 planning.

NAS is a reliable partner for planning, advocacy, strategy, and problem-solving. NAS is well regarded and well connected.

Sustainability and transition planning is a key requirement of the Global Fund grant application. Following completion of GC7, PEPFAR will explore ways to support and expand these activities while also continuing activities to transition PEPFAR services to qualified local partners.

In FY23 and ROP23, significant progress has been made in data use. Data visualization platforms now exist at MoH, NACP and elsewhere for real time access and on-going use in decision-making. The Minister of Health has embraced this functionality and wishes to expand it to other health services.

At the co-planning meeting in Johannesburg, Sierra Leone stakeholders discovered that the 5x3 strategy and other aspects of the vision of the Global AIDS Coordinator makes ROP23 the right moment to deliver on the continued pleas from stakeholders to extend the reach of PEPFAR beyond PEPFAR supported sites and districts.

The PEPFAR team and stakeholders are focused on the "95s by 25," with a further challenge recently by Minister of Health Demby to reach for 98-98-98. It is well understood that these milestones cannot be achieved unless the entire National HIV Response is oriented to these goals. The agreement reached during the co-planning meeting, which was subsequently endorsed more widely during a three-day retreat hosted by the National AIDS Secretariat, and embraced by PEPFAR's implementing partners, involves a hub and spoke approach, to be used in existing and expansion districts (N=7), with PEPFAR supported DSD (HUB) and TA (HUB) sites providing support to additional high-volume sites supported by MoHS, Global Fund and private actors.

Meanwhile, PEPFAR and Global Fund are collaborating fully to optimize the National HIV Response and the sustainability of the Response, including Government funding support.

How is the HIV response in your OU funded?

Sierra Leone has a population of approximately 8.4 million (World Bank 2021) and an estimated 76,604 PLHIV. The combined PEPFAR allocation across the three years in which Sierra Leone has been a PEPFAR OU, along with ROP23, is $24,678,500. Neighboring Liberia has a population of 5.2 million (World Bank 2021) and an estimated 34,431 PLHIV, less than half of the Sierra Leone burden, and with a combined PEPFAR allocation across the same period of $37,970,097, $13,291,597 greater than the Sierra Leone allocation. Sierra Leone did not receive PEPFAR Game Changer funds or PEPFAR Key Population Incentive funding. The Spectrum results for 2022 are 79-91-45 for Sierra Leone and 77-94-84 for Liberia.

The PEPFAR program is Sierra Leone has been highly successful but remains confined to four of the eight highest burden districts.

Performance in FY22 and thus far in FY23 suggests that PEPFAR can support additional sites within existing funding, and modeling confirms that limited additional expansion can occur in FY24 to include a small number of high-volume sites (N=10) within three additional high burden districts. However, the funding trajectory through PEPFAR stalled in ROP22 before reaching a level commensurate with the burden and proportional to other OUs, and absence of the various incentive funds put Sierra Leone behind other WAR OUs including in such areas as KP data.

The Global Fund allocation for HIV from July 1, 2024, to June 30, 2027, is $38,051,061 or approximately $12,685,000 per year, with a large proportion associated with commodities. This

compares to a PEPFAR topline allocation of $7,850,000, which likely exceeds the Global Fund contribution net of commodities.

The Government of Sierra Leone has not met its co-financing agreement with the Global Fund and has not procured STI as planned or otherwise supported the National HIV Response apart from HRH and facility support.

The PEPFAR Program currently has a G2G Cooperative agreement with the Ministry of Health and Sanitation supporting Strategic Information at NACP. SI support is in three areas; Updating data collection tool, Patient tracker and DHIS2, Strengthening M&E capacity and systems, Data Quality Assessment and Monitoring and Supportive supervisory visits. The PEPFAR Inter-Agency Team does not feel that MoH systems and structures are sufficiently effective to expand G2G now. The Global Fund continues to face challenges with aspects of its G2G provisions, and our on-going collaboration will likely signal when greater G2G is possible within PEPFAR. Meanwhile, the Network of HIV Positives in Sierra Leone, the PEPFAR CLM partner, continues to do remarkably well and has received modest increases in funding year after year. Also, several local partners were identified and assessed, and several candidates are being advanced for possible sub-contracting for selected services and eventual direct funding. Throughout this process additional candidate organizations will be sought.

Pillar 3: Public Health Systems and Security

High viral suppression and progress toward high viral load coverage, along with high coverage of PrEP and other combination prevention, are increasingly containing the HIV epidemic in Sierra Leone. PEPFAR investments in community-led monitoring, stigma and discrimination, and human rights, will likely offer dividends for the GHSA.

CDC Sierra Leone is providing leadership to create an effective and sustainable lab sample transportation system to include HIV. Global Fund, PEPFAR and other donors continue to strengthen the Central Public Health Reference Lab (CPHRL) through the All-Inclusive Reagent Rental Agreements negotiated by PEPFAR, World Bank COVID-19 funding for solarization of the Lab, an approved PEPFAR investment in supplemental generator power with savings programmed through an Operating Plan Update, and on-going lab strengthening activities through the CDC Regional PEPFAR Team in Ghana.

In ROP22 and increasing in ROP23, PEPFAR is supporting advanced HIV disease. The physician leading the large HIV Clinic at Connaught Hospital, Sierra Leone's tertiary hospital, is a leader in AHD and is very pleased with the increased attention from PEPFAR.

There are certainly more areas where overlap with GHSA is possible, and this will be considered going forward.

Quality Management Approach and Plan

Each PEPFAR site is conducting quality improvement activities. Progress on QI activities are on display within the facility.

In 2022, HRSA conducted 14 SIMS assessments (37% coverage), thus Sierra Leone does not yet qualify for new flexibilities with SIMS. The plan is to continue using SIMS until the volume of deficiencies declines substantially and the capacity of DHMT and site QI efforts mature.

To institutionalize QI in the National HIV response, PEPFAR worked with the MoHS Quality Management Unit to integrated HIV QI into the national quality management roadmap and build the capacity of NACP and the DHMTs on quality improvement, targeting HIV services. Quality improvement learning networks are being established, while individual facilities continue to identify and implement quality improvement projects to address identified program gaps.

Person-centered care that addresses comorbidities posing a public health threat for People with HIV (Advanced Disease, TB, Hypertension) plus mental health services

PEPFAR continues to promote integrated health services and messaging to ensure a one-stop-shop for management HIV, non-communicable diseases (NCDs) and other opportunistic infections. Screening for hypertension, diabetes and other NCDS are part of the integrated care package provided in PEPFAR supported facilities and community-based services. Integrated health services have been deployed to promote community-based index testing.

In ROP23, PEPFAR will integrate mental health services as part of an integrated package. PEPFAR will partner with the Mental Health Unit of the Ministry of Health to build capacity of providers and to establish mental health support systems. These services will be made available in KP DICs, health facilities, and NETHIPS (PEPFAR CLM IP) designated centers to expand access to mental health services.

PEPFAR continues to support the implementation of an Advanced HIV Disease (AHD) package through support to NACP in development of:

1. AHD management guidelines and SOPs;
2. Capacity building of providers;
3. Development of networks of facilities to support peripheral sites, and provision of AHD diagnostic commodities such as CD4 qualitative test kits, TB LAM tests, and serum-CRAG tests; and
4. AHD preventive strategies such as early diagnosis of HIV and structured education of recipients of care using the established client treatment literacy program will be supported.

Supply Chain modernization and adequate forecasting

PEPFAR provided limited but impactful support for the supply chain in FY22. That support has broadened in FY23 and involves improved collaboration with Global Fund. A breakthrough occurred earlier this year involving Global Fund commodities bypassing the port and released delivered directly to the MoH (delivery at point). This resolves a longstanding pattern of extended stock outs. A new Viral Load All Inclusive Reagent Rental Agreement will prevent reagent stock outs. And Sierra Leone will continue to receive strategy support and other technical assistance from the PEPFAR West Africa Regional Team in Accra. PEPFAR in Sierra Leone has also proposed a modest commodity procurement in ROP23 primarily including test kits and commodities for AHD.

Laboratory systems (VL, EID, DNO, etc.)

Though slowly improving, low viral load coverage is the result of frequent breakdowns of obsolete viral load testing platforms, and inadequate power supply.

The All-Inclusive Reagent Rental Agreement for a Roche 5800 Viral Load instrument is undergoing final review within the MoH. Sierra Leone appears likely to be the first OU to execute such a contract under PEPFAR's Wave 2 contracting provision. The viral suppression rate is high.

Pillar 4: Transformative Partnerships

At the PEPFAR ROP23 co-planning meeting, the Sierra Leone delegation understood that the highest priority remains 95-95-95 by 2025, and priorities and decisions for ROP23 are primarily oriented to this overarching goal. However, there are imperatives in the PEPFAR 5x3 strategy which require that our pursuit of this goal not leave priority populations behind.

The PEPFAR program in Sierra Leone has been a KP focused program from the start. A 2015 IBBSS put the number of FSWs at 240,000 and number of MSM at approximately 20,000. A 2021 IBBSS concludes that the total size estimate for KPs is approximately 50,000. Neighboring Liberia, with a population of 5.1 million compared to Sierra Leone's population of 8.4 million, has an estimated 150,000 KPs (IBBSS 2019). This variance in KP size estimates has created doubt in the latest estimates. High PrEP demand is yet another indication of potentially higher KP numbers.

A key selection criterion for sites to be supported through PEPFAR is proximity to KPs. The package of support includes activities to assure that PEPFAR supported sites are patient-centered and KP-friendly. However, all clients served by PEPFAR supported sites including general population, pediatrics, ANC, OPD, etc. receive the same level of support. For these reasons, the PEPFAR program in Sierra Leone is characterized as KP+.WHO in Sierra Leone convenes a monthly meeting of Health Development Partners (HDP), and PEPFAR is represented. The group consists

of all bi-lateral donor countries, UN Agencies, and others. The HDP meets quarterly with the Minister of Health, and the Minister relies heavily on the HDP for counsel. PEPFAR also has a seat on the Global Fund CCM and is currently assisting with development of GC7. PEPFAR has a structured bi-monthly call with the Global Fund Country Team. PEPFAR relies heavily on the National AIDS Secretariat, National AIDS Control Program, and UNAIDS Sierra Leone, and these mature relationships continue to be mutually beneficial. Technical support for Lab and Strategic Information provided through the CDC Regional Program in Ghana has cultivated additional relationships with these and other entities and extend the partnerships.

Support for Lab and Strategic Information through CDC Ghana adds additional partners and partnerships to a highly regarded PEPFAR program.

Pillar 5: Follow the Science

The Sierra Leone program takes full advantage of the technical expertise which exists within the PEPFAR West Africa Regional Program. Best practices from three existing TWGs are considered, socialized and adopted. PEPFAR in Sierra Leone has participated in South-to-South exchanges including having hosted NACP and others from Liberia to learn about community-based PrEP. The NACP Program Manager from Sierra Leone spent a week with her counterpart in Liberia to share experiences and lessons learned.

In the pursuit of the 95s by 25 the PEPFAR program in Sierra Leone is looking to introduce recency testing, scale up support for Advanced HIV Disease, and invest in genealogy testing as part of an index testing program for all women on ART,

PEPFAR will strengthen and leverage the qualitative data collected through the community led monitoring program to continue to confront sources of stigma and discrimination.

Strategic Enablers

Community-led monitoring

PEPFAR's CLM partner in Sierra Leone continues to be highly effective. Their advocacy helped resolve the first instance of Global Fund commodities being held at the port. Their support for the Stigma Index 2.0 has been instrumental in guiding plans to reduce stigma and discrimination and promote human rights. Their data collection continues to mature and grow and inform high impact advocacy and problem-solving. Their funding has increased slightly each year.

Interactions between PEPFAR, PEPFAR Implementing Partners, Global Fund, UNAIDS, WHO (KP focal), NAS, NACP, and CSOs, is continuous.

CSOs chose representatives for the PEPFAR co-planning meeting. The direction emerging from this meeting was socialized broadly ahead of a retreat which included validation of NSP midterm review findings. Consensus was reached on strategies to lift the National HIV Response to 95-95-95 by 2025, with PEPFAR supporting this strategy through additional technical assistance to assist NACP and its partners to achieve results comparable to PEPFAR results.

The Sierra Leone Stigma Index 2.0, conducted in 2018, revealed no difference in the self-stigma between clients newly initiating treatment and those who have been on treatment for over 10 years. Intra-facility stigma driven by health care was highlighted as a major factor contributing to treatment interruptions.

PEPFAR supports NETHIPS (CLM) to implement recommendations of the Stigma Index 2.0 including orientation and sensitization of support groups, facility level dialogue with healthcare providers, and treatment literacy. PEPFAR will continue to expand community engagement to reduce stigma and focus stigma reduction according to the Stigma Index 2.0 recommendations.

Briefly highlight plans for community platforms that will be used/leveraged.

Mature platforms exist, and KP and PLHIV CSOs are high performing and relied upon completely within PEPFAR, Global Fund, UNAIDS, NAC and NACP planning and implementation activities. PEPFAR CLM funding has been increased year after year including ROP23. CSOs remain central trusted participants in ROP23, GC7 and associated National activities.

Innovation

PEPFAR is using Project ECHO to support capacity building using case-based learning and experience sharing across health facilities. The first cluster was established in ROP22 and involved 11 health facilities, with the hub at NACP. ECHO allows subject matter experts at a central location to support a cluster of facilities, and increases access to specialized care through knowledge sharing, regular case discussions and low dose, high frequency training. In ROP 23, PEPFAR will scale up use of the ECHO platform to all districts hospitals and develop more clusters to support high quality HIV care in the broader National HIV Response.

PEPFAR also supported the NACP in developing a framework for blended learning that will integrate ongoing capacity building into NACP mentorship activities. In ROP22, e-Learning modules with storyboards linked to digital platforms have already begun. PEPFAR will collaborate with the Sierra Leone Nursing & Midwifery Council and Sierra Leone Midwifery Association to use existing CPD platforms for National update of all aspects of HIV prevention, care and treatment including stigma and discrimination.

Leading with Data

In ROP22, PEPFAR is supporting the GoSL in the review of the national M&E tool and harmonization of the indicator matrix for both PEPFAR and Global Fund to achieve a common reporting platform. The revised National tools have integrated KP reporting data elements to allow for collection and reporting of KP indicators along with all other HIV prevention, care, and treatment indicators. These actions are aligned with a national strategic plan for digital health solutions. Ongoing efforts in the use of e-Tracker in the HIV program will continue to be scaled up. The digitization of the M&E system is a priority to support targeted epidemic control activities for vulnerable groups including pediatrics, and AYP.

PEPFAR supported the deployment of interactive e-wallboards to promote strategic and operational data visualization and data use at all levels. The effort was done under the direction of the Directorate of Policy, Planning and Information with enthusiastic support from the Minister of Health. The Minister plans to extend this beyond HIV to include all other disease areas under the MoHS.

The interactive e-wallboard is linked to the National DHIS e-tracker/EMR and provides access to a national data repository. The inter-operability with multiple data reporting platforms and data sources offers a single platform for visualizing real time data to support decision making.

Target Tables

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)
Attained						
Scale-Up Saturation						
Scale-Up Aggressive	**51,882**	**4,087**	**16,046**	**22,065**	**6,472**	**42.5%**
Sustained						
Central Support						
Commodities (if not included in previous categories)						
No Prioritization	**24,722**	**1,432**	**41,968**			
Total	**76,604**	**5,519**	**58,014**			

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimate*	Disease Burden*	FY24 Target

	(SNUs)		
FSW, MSM, PWID	27,990, 16,126, 3,938	11.8%/3.2%/4.2%	3,000 PrEP_New
TOTAL	49,418		(>20% cumulative coverage)

Source: 2019 IBBSS

Togo:

Country context summary

Togo's HIV epidemic is characterized as mixed with prevalence of 1.9 percent (UNAIDS 2021) in general population and much higher prevalence among key populations. The HIV prevalence among female sex workers (FSW) is 7% (IBBSS 2022) with the highest prevalence in Maritime region (13.5%). For men who have sex with men (MSM), the overall HIV prevalence is 8.7% (IBBSS 2022) with the highest HIV prevalence in Grand Lomé region (30.2%).

In 2022, the number of People Living with HIV (PLHIV) was estimated at 107,730. In the past four years, Togo has benefited from PEPFAR support to accelerate national progress toward the achievement of the 95-95-95 target. In 2022, the country reached 82% of total PLHIV who are on antiretroviral therapy and 72% of total PLHIV who are virally suppressed (SPECTRUM 2022) which is close to the level required for the second and third 90 (81% and 73%). According to the SPECTRUM 2022 estimates, the most important gaps are recorded in the pediatric cascade. Only 60% of the Children Living with HIV know their status, 60% are on ART, and 43% are virally suppressed.

In this context, the PEPFAR program will continue in FY24 to support the GoT in accelerating progress toward the achievement of the 95-95-95 targets with a focus on closing inequities among children, adolescents, pregnant women and key populations. In ROP23, in addition to its direct contribution at 30 sites in 4 high burden regions (Grand Lomé, Maritime, Plateaux and Centrale), PEPFAR/Togo will support the scaling up of PEPFAR best practices nationally by the MoH and the GFTAM and will increase its support to the health system (supply chain management, lab system strengthening, health information management system) for greater and sustainable results at national level.

At site level, PEPFAR will focus on: (i) reducing inequity through testing, care and treatment DSD among children, adolescents, key populations, and adult men; (ii) improving retention through person-centered approach; (iii) accelerating viral load scale-up; (iv) ensuring continuous Quality improvement; (v) strengthening the supply chain management and commodities data visibility; (vi) scaling up PrEP; and (vii) scaling up Community led monitoring activities.

Standard Table 1.1 is required with most recent data

Table 1.1 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	8,095,498	1.73	106,235	86,880	86,876	82	90	578,060	18,119	13,282
Population <15 years	-	-	7,224	4,380	4,380	61	72	55,363	-	1,078
Men 15-24 years	-	0.44	3,922	-	-	-	-	-	-	-
Men 25+ years	-	-	-	-	-	-	-	-	-	-
Women 15-24 years	-	0.77	6,625	-	-	-	-	-	-	-
Women 25+ years	-	-	-	-	-	-	-	-	-	-
MSM	16,135	8.7	-	2,080	2,080	-	98	10,500	420	420
FSW	30,578	5.4	-	1,950	1,950	-	96	12,480	550	550
PWID	2,036	3.6	-	11	11	-	-	695	7	7

**Viral suppression denominator is Viral load tested*

Figure 1.1 is required in map form;

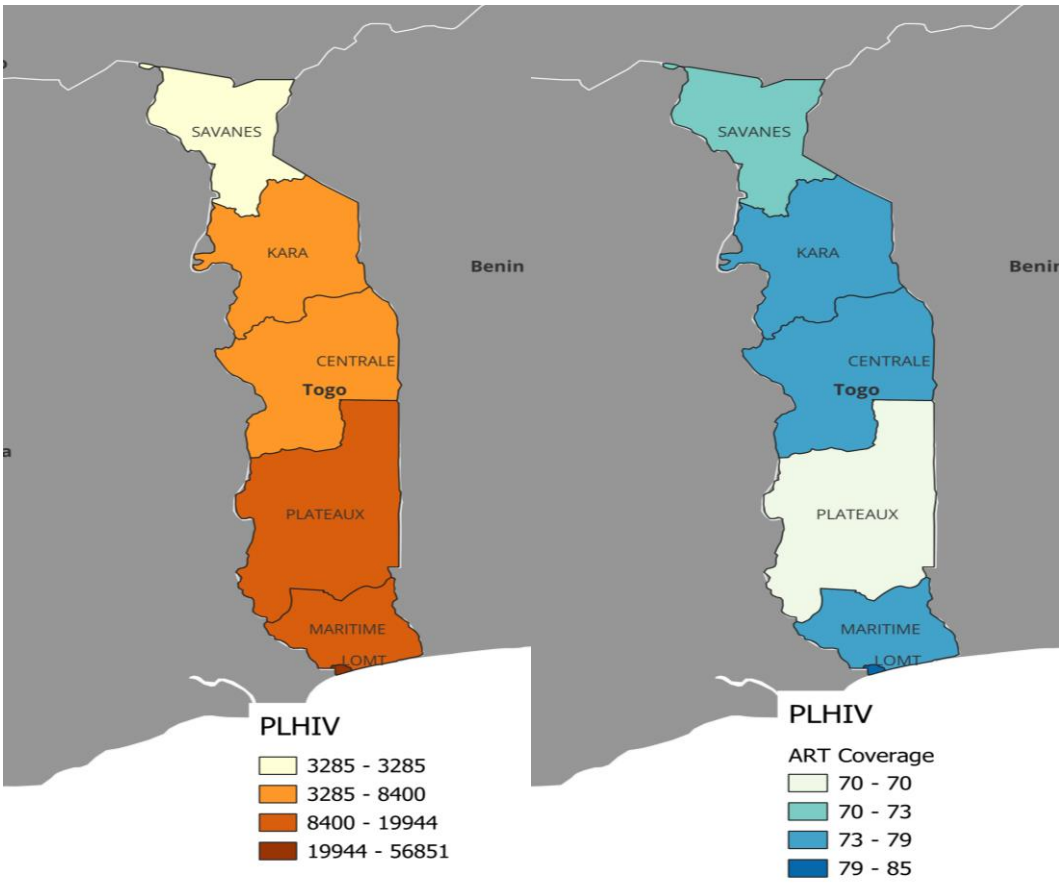


Table 1.2 is required.

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	56,466/53%	48,582	1	1
Scale-up: Saturation	38,884/36%	29,357	3	3
Scale-up: Aggressive	-	-	-	-
Sustained	-	-	-	-
Central Support	-	-	-	-
No Prioritization	11,601/11%	8,819	2	2
Total National	106,951	86,758	6	6

Pillar 1: Health Equity for Priority Populations

Learning from the PEPFAR program implementation and based on the important gaps in the pediatric cascade at the national level, there will be a programmatic shift by the introduction of the PMTCT and EID in FY24.

The PEPFAR program will continue to scale up PrEP implementation and Differentiated Service Delivery models for Adolescents and Youth, and for Key populations.

Closing the pediatric cascade gaps:

In FY24, PEPFAR will conduct a root cause analysis at PEPFAR-supported sites to identify and address challenges relevant to the implementation of PMTCT and pediatric cascade. PEPFAR will strengthen the early infant diagnosis (EID) and intensify the implementation of the DSD model for children within a family-centered framework. In addition, PEPFAR will focus on the implementation with fidelity of index testing and other PITC targeting children, the MMD and community ARV dispensing for children, and the optimization of the DTG 10 uptake for CLHIV. Health care workers will be trained in the pediatric HIV service delivery, and continuous supportive coaching sessions and supervision visits will be organized.

Adolescent and Youth:

PEPFAR is not implementing a DREAMS program in Togo. However, the PEPFAR program will scale up DSD models for Adolescents and Youth. PEPFAR will emphasize the implementation of targeted HIV testing services with a focus on the Referral Network Testing (RNR) and index testing. PEPFAR will introduce adaptive approaches to meet the needs of Adolescents and Youth through the creation of teen clubs, the implementation of school holidays/weekend clinics and the partnership with social service providers for HIV prevention services.

Key populations program:

To reach more key populations in the PEPFAR implementation areas, regular update of the KPs hotspots mapping will be conducted in FY24. Data collected during hotspot mappings will be used to improve efficiency in the planning of outreach activities and the implementation of clinical service provision in the community. PEPFAR will provide a refresher training and supportive coaching and supervision to KP led associations and health care workers on PrEP, EPOA, Go-online services, RNR, index testing, accompanied referral, 6 MMD, treatment literacy, community ARV dispensing, and U=U messaging.

PEPFAR will also strengthen partnerships with KP led associations in the design and implementation of DSD models for key populations.

Stigma, Discrimination, Human Rights, and structural Barriers:

Despite the progress made in the last years toward achievement of the 95-95-95 targets in Togo, critical gaps remain mainly among key populations, children, and adolescents. One of the root causes of this inequity is the persistence of social barriers that are fueling stigma and discrimination and GBV against KPs and PLHIV. Togo faces homophobic actions and violence against MSM and FSW; the latest occurrences include April 2022, when MSMs were physically and verbally attacked on the beach and February 2023, when FSWs were arrested at a brothel in Lomé.

In FY24, PEPFAR will implement specific interventions to tackle structural barriers and promote an enabling environment for HIV service delivery for KPs and PLHIV. The following activities will be implemented leveraging the LIFT Equity funds:

- Support KP networks/associations to establish a functional community alert and emergency response system to stigma, discrimination, and GBV cases
- Engage with judges, court clerks, police officers, community and religious leaders, and healthcare workers to promote human rights, gender identity and sexual health, and the judicial management of human rights violations related to HIV and GBV
- Develop capacity of KP networks/associations on leadership, advocacy, governance, and people-centered program design and management
- Support community-led efforts to analyze criminal and other harmful laws, policies, and practices that hinder an effective HIV response
- Organize a national "one week zero stigma and discrimination" multisectoral campaign (health, justice, social affairs, police, etc.) in collaboration with national stakeholders and media, including proximity media and social media.
- PEPFAR will continue the implementation of the CLM activity and use CLM findings for advocacy against stigma, discrimination, human rights and gender-based violence in the health facilities and in the communities.

Pillar 2: Sustaining the Response

Financing the HIV response

In 2022, 18% of resources mobilized for the HIV response in Togo were provided by domestic sources. PEPFAR contributed to 27% of the resources mobilized for the national HIV response and supported 54% of the total PLHIV on ART. The Global fund is the principal contributor of the HIV response in Togo with 58% of contribution.

To increase the mobilization of domestic resources for HIV response in Togo, PEPFAR is providing support during FY23 to: (i) develop a policy document to promote sustainable financing of HIV

services delivery, (ii) develop case scenario to inform advocacy efforts, and target setting for increased domestic resources for HIV response, and (iii) design tracking systems to monitor contribution of domestic financing to the overall national financing of HIV response. In addition, PEPFAR will provide advocacy to integrate HIV services into the UHC package. The financial sustainability plan will be completed in FY23. In FY24, PEPFAR will support the development and implementation of the advocacy plan for sustainability of HIV financing. A monitoring system will be set up to track the GoT financial commitment related to the HIV response.

PEPFAR engagement in the integrated national planning

Since FY21, PEPFAR has initiated joint supervision with MoH at PEPFAR supported sites involving the NACP and all the implementing partners of the PEPFAR program. In addition, bi-monthly coordination calls are organized between PEPFAR and Global fund teams to discuss program implementation, share best practices, and discuss complementarities and challenges.

MoH/NACP and the Global Fund had a consensus to scale up PEPFAR best practices including E-tracker, Web based Electronic Dispensing Tools (EDT web), case finding strategies (EPOA, RNR, Index testing), 6 MMD, community ARV dispensing, ART optimization among adults and children, and PrEP. PEPFAR/Togo is participating in the development of GC7 concept note to provide technical guidance for the integration of the selected PEPFAR best practices.

Other strategies to support the scaling up of PEPFAR best practices at the national level in the ROP23 include: (i) Joint quarterly supervision MoH-PEPFAR-GF, (ii) Bi-annual best practices meeting between PEPFAR sites and non PEPFAR sites, (iii) Joint GF-PEPFAR Health System Strengthening action plan, and (iv) Technical assistance on supply chain management and commodities data visibility.

Building capacity of local organizations

During FY22 and the beginning of FY23, PEPFAR conducted a baseline assessment of CSOs capacity and developed tailored organizational capacity plans.

In addition, the prime recipient of the Community led monitoring (CLM) activity in Togo is a local organization (CUPIDON, a KP led network). In FY24, this local CSO will continue the implementation of the CLM activity. From FY24, Togo will buy-in into a regional activity implemented by a local CSO, to strengthen financial and management capacity of local CSOs.

This regional buy-in activity will strengthen the capacity of at least 03 local CSO/KP/PLHIV-led Associations/Networks (governance, financial management, technical, and advocacy) to become prime recipient of projects financed by international donors.

Pillar 3: Public Health Systems and Security

Strengthen National Public Health Institutions

Togo is not a GHSA focus country. However, in line with PEPFAR's new five-year strategy, PEPFAR/Togo's community health workers network will be leveraged for risk reduction communication as done during the COVID-19 pandemic.

Quality Management Approach and Plan

PEPFAR/Togo will continue to support the implementation of continuous quality improvement (CQI) approaches including SIMS at PEPFAR sites. The program will also support the National AIDS Control Program (NACP) in developing a national documented CQI system. At PEPFAR sites, the Plan-Do-Study-Act (PDSA) cycle and collaborative model, will continue to be used to address gaps identified by routine performance reviews and community-led monitoring to increase continuity of treatment and quality of service.

Person-centered care that addresses comorbidities posing a public health threat for People with HIV (Advanced Disease, TB, Hypertension) plus mental health services

Person-centered care is essential to keeping patients in care and reducing mortality and morbidity. In ROP23, special attention will be given to identifying and treating patients with advanced HIV disease, screening all patients for tuberculosis (TB), initiating TB preventive treatment for eligible PLHIV and ensuring access to mental health services. In FY22, 26% of PLHIV on antiretroviral therapy at PEPFAR sites in Togo, were over the age of 50 and required adequate management of co-morbidities such as hypertension or diabetes. Partnerships will be established to create a one-stop shop management of these pathologies as well as set up a patient referral system.

Supply Chain modernization and adequate forecasting

PEPFAR/ Togo will continue to join efforts with other in-country stakeholders in strengthening the public health supply chain system in the country. More specifically, the ROP23 investments will be used to carry out interventions geared towards modernization of health supply chain. These efforts will include forecasting and supply planning assistance in support to continuum of HIV services, HIV self-tests, optimized ART regimens, PrEP commodities, decentralized drug distribution of ARVs and community ARVs distribution, STIs drugs, MMD6 scale-up and VL coverage and VL suppression.

PEPFAR will also strive to align investments with the national supply chain strengthening Strategy. To do so, ROP23 funds will be used to conduct the National Supply Chain Assessment (NSCA). The findings from the NSCA will inform MoH decisions in the prioritization of future supply chain investments.

The decentralization of the supply chain has emerged as a priority. To address the various gaps identified at the subnational level of the health system, PEPFAR /Togo will provide technical assistance to improve operational capacities of 4 regional warehouses in the 4 health regions hosting PEPFAR-supported sites. Further attention will be placed on strengthening the subnational level of the health systems, including the last mile. Also, ROP23 resources will be used to revamp the regional commodities management committees and organize quarterly meetings of the 6 Regional Commodities Working groups. PEPFAR /Togo will invest in the design and roll-out of community HIV commodities distribution system.

PEPFAR/Togo recognizes the critical role that the Central Medical Stores (CAMEG) plays in ensuring health commodities security in Togo. Since PEPFAR-funded commodities are not distributed through CAMEG, strengthening the national supply chain partners is critical for the sustainability of the response. With ROP23, PEPFAR team will provide institutional support and capacity building to central medical stores (CAMEG) to increase efficiency of its operations.

The National Aids Control Program in Togo has shown great interest for transitioning to the All-inclusive pricing model for viral load and EID reagents. The PEPFAR Team will use ROP23 resources to facilitate the adoption of the model. This will include sensitization of the main actors on the new model, revisions of KPI to include in the All-inclusive Agreement, and support for monitoring of the contractual clauses of the agreement.

Laboratory systems (VL, EID, DNO, etc.)

From FY21 Q1 to FY23 Q1, with PEPFAR support, the viral load coverage at PEPFAR supported sites increased from 46 percent to 91 percent with less than 02 weeks as turn-around time. In the same period, the viral load suppression also improved from 84 percent to 95 percent. This improvement contrasts with the national viral load coverage which is currently 75%. In ROP 23, PEPFAR will continue to support:

- Viral load demand creation (strengthening treatment literacy among patients, U=U messaging, weekly monitoring of VL test needs, training and coaching of CHWs and clinicians, reorganization of sites)
- Supply chain and logistics management (filling ARV and viral load commodities gaps, supporting sample transportation, ARV optimization)
- Lab system strengthening (External Quality Assurance, Diagnostic Network Optimization (DNO), electronic Lab information management system, weekly performance monitoring, support in human resources and small equipment)

- Use of viral load results to improve viral load suppression (weekly data analysis, coaching of actors on enhanced counseling support, U=U messaging, ARV optimization with transition to TLD and DTG based regimen for adults and children), and
- Multi-stakeholders' coordination (MoH, GF, sites, laboratories, associations of PLHIV etc).

In addition, PEPFAR/Togo will emphasize strengthening the national system by: (i) providing technical assistance to the Ministry of Health to expand all-inclusive agreement to non-Roche platforms, and to use the DNO results to optimize the laboratory network, (ii) supporting interconnection of the eLMIS to the etracker to reduce the turn-around time to less than 01 week, (iii) strengthening the national integrated samples transportation system (HIV, TB), (iv) strengthening the national efficiency testing system, (v) supporting inclusion of all PEPFAR supported labs in the national laboratory accreditation system led by the Ministry of Health, and (vi) sharing best practices between PEPFAR supported labs/sites and non PEPFAR supported labs/sites.

A programmatic shift will also be made to integrate the Prevention of Mother to Child Transmission (PMTCT) into the PEPFAR/Togo program to better follow-up mother-child pairs and strengthen access to EID. The optimization of point of care networks will also contribute to improving access to EID.

- **HRH (priorities, national capacity to manage workforce, aligning to government planning, pay and cadres, etc.)**

In Togo, PEPFAR workforce footprint is low. PEPFAR supports mostly community health workers and fills gaps in terms of peer navigators, case managers and peer educators. In ROP23, PEPFAR will continue to strengthen the capacity of health care workers including community health care workers by training, coaching and jointly providing PEPFAR-MoH-GF supportive supervision. PEPFAR will emphasize sharing best practices between PEPFAR supported sites and non PEPFAR supported sites to support the scale-up of PEPFAR best practices nationally by the Ministry of Health and the Global Fund.

Pillar 4: Transformative Partnerships

ROP23 was developed in close collaboration with the Government, CSOs, GFTAM and other multilateral partners. Gap analysis and prioritization were done together with the various stakeholders including the PEPFAR national steering committee led by the National AIDS Commission. These partnerships will continue for the success of ROP23 implementation.

Together with the GFTAM, five (05) areas of collaboration and complementarity were identified: (i) filling HIV commodities gaps, (ii) strengthening supply chain management and last miles distribution, (iii) supporting PEPFAR best practices scaling up, (iii) strengthening lab system, and

(iv) strengthening data quality and data use for decision making. A health system strengthening joint action plan (PEPFAR-GFTAM-Government) will be developed to enhance that synergy.

PEPFAR/Togo will also strengthen its partnership with local CSOs in ROP23. To this end, it plans to strengthen local CSOs' capacity in financial and program management, governance, and advocacy. The objective is to progressively transition some of the HIV prevention, care, and treatment activities to local partners as prime recipients in ROP24 and ROP25.

Pillar 5: Follow the Science

In Togo, PEPFAR supports the fifth pillar through site level and above site investment to directly impact the health information system which will enable the country to reach UNAIDS 95-95-95 goals not only in PEPFAR supported regions but nationally. These investments will target continuity of treatment, key population programming, quality improvement and assurance and strengthening of the national reporting system.

Noting that interruption in treatment has been a continuous challenge for PEPFAR Togo, the program plans to conduct an operational survey to better understand the root cause of these interruptions in treatment by population types and groups (children, youth, KP, adult men and women, IDPs). Findings from these analyses will contribute to the adaptation of PEPFAR ‘s package of services to improve a person-centered approach. This effort will include qualitative and quantitative data collection from providers and patients. Protocols will be discussed with national stakeholders and used to inform future planning and the development of new implementation strategies.

Leveraging findings from the recent IBBSS (2022), PEPFAR will adapt its program to better target and reach FSW, MSM and TG and address their needs for prevention and treatment. The program plans to increase its coverage of these populations and expand the package of services.

In ROP23, the program will strengthen and leverage the qualitative data collected through the community led monitoring program to address the pain points of stigma and discrimination experienced by the users of community and clinical services across Togo.

In addition, in partnership with MOH and all stakeholders, PEPFAR/Togo plans to develop a national quality improvement plan aligned with the national strategic plan which will provide a roadmap to monitor and enhance the quality of services at all treatment sites nationwide.

PEPFAR /Togo will work with the MoH and other stakeholders in the country to align the forecasting and supply planning exercises to optimize treatments. This will include support for smooth commodity transitions (DTG 10; Darunavir/Ritonavir for peds), incorporating historical transition trends and pace, and impact of new commodities on country resourcing.

Strategic Enablers

Community Leadership

CSOs are one of the main partners of the design and implementation of PEPFAR/Togo program. Since the beginning of PEPFAR in Togo, CSOs have been members of the PEPFAR national steering committee led by the National AIDS Commission. They have participated in all the ROP23 development stages including in-country consultation and the Johannesburg co-planning meeting, where they were represented from March 6-10, 2023. Upon returning from Johannesburg, discussions continued with CSOs, and the first draft of the flatpack was shared with them for review and comment. They then virtually took part in the West Africa Region ROP 23 regional strategic meeting on April 11, 2023. The second flatpack taking into account inputs from the first flatpack was also shared with them. Additionally, CSOs are very much involved in the implementation of the program either as prime recipient (CLM implementing mechanism) or as sub-recipients. In ROP23, PEPFAR/Togo plans to strengthen their capacities in governance, financial and program management so that they can progressively become in ROP24 and ROP25 prime recipient of some of the service delivery interventions.

Community-led monitoring

The community-led monitoring (CLM) is implemented by CUPIDON network, a local network of MSM. It has established a platform for collecting feedback from beneficiaries and created discussion forums for corrective actions to be taken. The CLM activity has helped site teams strengthen their partnership with communities they serve and better address their concerns and opinions regarding HIV services. In ROP23, the CLM activity will be strengthened with the use of a community score card to better visualize results and facilitate advocacy and corrective actions. In addition, the CLM implementing mechanism will be used to implement enabling environment interventions for key populations and PLHIV.

Innovation

One of PEPFAR/Togo's innovations is the PEPFAR national steering committee led by the National AIDS Commission. The committee is composed of all key stakeholders of the national HIV response including representatives of CSOs and key populations associations. It meets quarterly to analyze PEPFAR program performance, make recommendations, identify areas for improvement and synergy with other donors like the GFTAM.

The establishment of the eTracker and the Electronic Dispensing Tool (EDT)-web are other innovations. They have changed the face of data use for decision making in Togo and are being scaled up nationally by the Ministry of Health after proving their effectiveness at PEPFAR sites.

Linked to the DHIS2, the eTracker has improved individualized case management and data quality. With the eTracker, site teams generate a weekly list of ARV pickup appointments and send reminders to clients a few days before their appointment. In addition, the eTracker is able to generate a weekly list of patients who missed their appointment, list of patients eligible for viral load, a weekly list of patients who are not virally suppressed and need enhanced adherence counselling. This weekly monitoring of key events has contributed to improving continuity of treatment, viral load coverage and viral load suppression. For example, the viral load coverage increased from 46% in FY21 Q1 to 91% in FY22Q3.

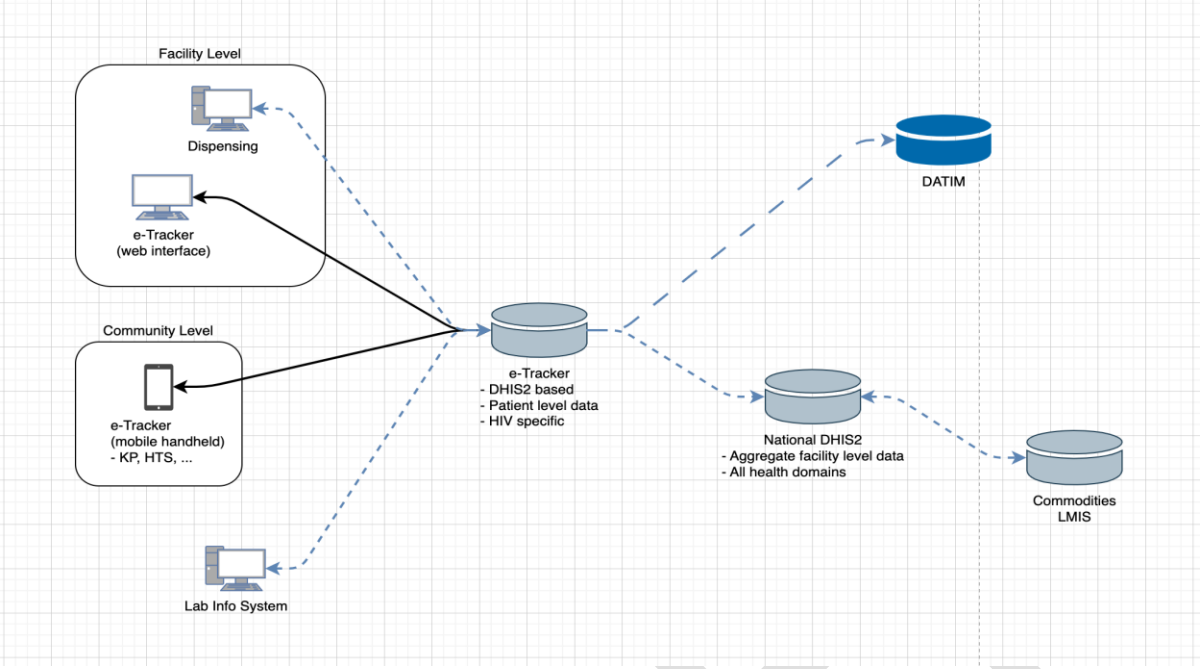
The EDT-web has strengthened the management of HIV commodities stocks and logistical data visibility from sites to national level. This has helped to prevent HIV commodities stock-outs, and to make proactive decisions.

Leading with Data

In Togo, PEPFAR examples this enabling factor of leading with data. Its utmost goal is to improve the availability of high-quality data in real time for decision making. At the site level, PEPFAR provides training for health workers on data literacy including collection, management, and use. At the above site, PEPFAR provides technical assistance to better understand the response and identify programmatic gaps and challenges to be promptly addressed.

PEPFAR focuses on routine program monitoring using the eTracker. This electronic case management system introduced by PEPFAR has been adopted at national level with an ongoing scale plan. PEPFAR will continue to support the eTracker scale up to its completion with the partnership of The Global Fund. PEPFAR intends to improve the availability of high-quality laboratory information by strengthening the existing laboratory information system starting with PEPFAR supported laboratories. This effort will lead to a better proactive tracking of viral load samples and results, a better monitoring of reagents stocks and consequently a reduction of the VL result turnaround time.

Finally, the program will continue its interoperability effort started during ROP22 between the eTracker and DHIS2; adding to these interconnected systems the revamped laboratory information system (see image below)



PEPFAR/Togo will emphasize revising data collection tools and reports to include key population disaggregates which will provide unprecedented insights into these sub populations cascades and monitoring of the efforts and impact the program is having.

PEPFAR will continue to provide technical support and capacity building for data collection and exchange, conduct routine data quality audits to strengthen the national M&E system.

Procurement and Delivery of heath commodities

None of the ROP23 programmatic targets will be achieved if there is not adequate amount of HIV commodities in Togo. PEPFAR investments for commodity procurement will complement purchases from The Global Funds and the Government of Togo. PEPFAR will focus on procuring a selected number of items including: TLD180 for Adult treatment; DTG10 and ABC/3TC for Peds; VL reagents and EID reagents; HIV Tests kits and Self Tests and Male condoms.

Target Tables

Target Table 1 is required

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)**
Attained	56,466	978	50,078	34,890	2,601	93%

Scale-Up Saturation	38,884	714	31,400	16,480	1,366	86%
Scale-Up Aggressive	-	-	-	-	-	-
Sustained	-	-	-	-	-	-
Central Support	-	-	-	-	-	-
Commodities (if not included in previous categories)	-	-	-	-	-	-
No Prioritization	11,601	226	9,397	-	-	-
Total	94,540	1,692	52,382	51,370	3,967	-

PEPFAR expected achievement in PSNU for FY23 is 48,462. PEPFAR is targeting 90% ART coverage in these PSNU for FY24.

Target Table 3 is required

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimate* (SNUs)	Disease Burden*	FY24 Target (KP_PRev)
FSW	**27,023**	**2,200**	**10,227**
MSM	**1,715**	**351**	**9,791**
TOTAL	**28,738**	**2,551**	**20,018**

*Preliminary IBBSS 2022

Core Standards

The core standards include:

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**. Ensure that all HIV testing services are aligned with WHO's 5 Cs. Index testing services should include assessment of and appropriate follow-up for intimate partner violence. Offer HIV testing to every child under age 19 years with a biological parent or biological sibling living with HIV.
    - **Benin**: Index testing is fully implemented at PEPFAR sites and scaling up nation-wide is ongoing by the MoH.
    - **Burkina Faso**: Index testing is fully implemented at PEPFAR sites and scaling up nation-wide is ongoing by the MoH.
    - **Ghana:** Index testing is fully implemented in PEPFAR sites and scaling up ongoing by GHS.
    - **Liberia**: National testing guidelines have been revised, validated, and approved to include index testing and self-testing as testing modalities. Index testing policy is adopted and implemented in all PEPFAR-supported sites; however, Index testing is not implemented in most of the non-PEPFAR sites due to lack of trained staff to implement index testing.
    - **Mali:** Index testing is fully implemented at PEPFAR sites and scaling up nation-wide is ongoing by the MoH.
    - **Senegal:** Index testing is fully implemented in PEPFAR sites and is scaling up at all levels.
    - **Sierra Leone:** Index-testing is fully implemented across PEPFAR sites and is aligned with National Guidelines. In ROP23 PEPFAR will assist NACP with extending this modality to Global Fund and private partners.
    - **Togo**: Index testing is fully implemented at PEPFAR sites and scaling up nation-wide is ongoing by the MoH.
2. **Fully implement "test-and-start" policies.** Across all age, sex, and risk groups, over 95% of people newly identified with HIV infection should experience direct and immediate linkage from testing to uninterrupted treatment.
    - **Benin:** Test and start is fully implemented in Benin at all sites.
    - **Burkina Faso:** Test and start is fully implemented in Burkina Faso at all sites.
    - **Ghana:** Test and Start is fully implemented in Ghana, in both PEPFAR and non PEPFAR sites.

- **Liberia:** Test and Start policy adopted and implemented. PEPFAR-supported and non-PEPFAR sites are making significant progress in the implementation of Rapid ART Initiation for both the general population and the KPs.
- **Mali**: Test and start is fully implemented in Mali at all sites.
- **Senegal:** Test & treat fully implemented at all.
- **Sierra Leone:** Test and start was confirmed (SIMS 2022) to be available at all PEPFAR-supported sites. PEPFAR will assist NACP with confirming availability at other sites consistent with National Guidelines.
- **Togo:** Test and start is fully implemented in Togo at all sites.

3. **Directly and immediately offer HIV-prevention services to people at higher risk.** People at a higher risk of acquiring HIV must be directly and immediately linked with prevention services aimed at keeping them HIV-free, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).
    - **Benin**: PrEP and PEP are fully implemented at PEPFAR sites. National scaling up is ongoing by MoH.
    - **Burkina Faso**: PrEP and PEP are fully implemented at PEPFAR sites. National scaling up is ongoing by MoH.
    - **Ghana:** PrEP and PEP are fully implemented in Ghana. PEPFAR introduced PrEP in PEPFAR sites in ROP 20 and supported GHS to develop tools, materials and set up a coordination mechanism. National scale-up is ongoing by GHS and GF.
    - **Liberia:** PrEP policy adopted (2021); guidelines and SOPs have been rolled out. PrEP continues to be scaled-up at both community and facility levels. PrEP is being implemented in all PEPFAR-supported sites, non-PEPFAR sites are not yet trained to implement PrEP.
    - **Mali**: PrEP and PEP are fully implemented at PEPFAR sites. National scaling up is ongoing by MoH.
    - **Senegal:** PrEP policies and SOP were revised and validated. Tools were developed and fully implemented in all PEPFAR sites. Health providers are trained in PrEP and discussions are ongoing for the expansion of PrEP at community level.
    - **Sierra Leone:** PrEP and associated prevention services targeting KPs started in FY21, and to date 8,800 of the estimated 49,418 KPs have been initiated on PrEP. The prevention program has been exclusively community-based, centered on 8 DICs and supporting hot spot events during which ART initiation is often available in addition to PrEP.
    - **Togo**: PrEP and PEP are fully implemented at PEPFAR sites. National scaling up is ongoing by MoH.

4. **Provide orphans and vulnerable children (OVC) and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**. Provide evidence-based sexual violence and HIV prevention interventions to young adolescents (aged 10-14).
    - **Benin**: Benin does not implement an OVC program.
    - **Ghana**: Ghana does not implement an OVC program.
    - **Burkina Faso**: Burkina Faso does not implement an OVC program.
    - **Ghana**: Ghana does not implement an OVC program.
    - **Liberia**: While Liberia does not have an OVC program, the Liberia DOD program supports school fees for 98 children.
    - **Mali**: Mali does not implement an OVC program.
    - **Senegal:** Senegal does not implement an OVC program.
    - **Sierra Leone:** PEPFAR does not support an OVC program in Sierra Leone.
    - **Togo**: Togo does not implement an OVC program.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public.** Access to HIV services, medications, and related services (e.g., ART, cotrimoxazole, ANC, TB, cervical cancer, PrEP and routine clinical services for HIV testing and treatment and prevention) must not have any formal or informal user fees in the public sector.
    - **Benin**: HIV services are free and CLM activity is monitoring it.
    - **Burkina Faso**: HIV services are free and CLM activity is monitoring it.
    - **Ghana:** HIV services are free and CLM Activity is monitoring its implementation.
    - **Liberia**: There are no recorded formal or informal user fees being charged at public facilities for access to all direct HIV, medications, and related services, among others.
    - **Mali:** HIV services are free and CLM activity is monitoring it.
    - **Senegal:** HIV services are free but there are formal user fees.
    - **Sierra Leone:** HIV services remain free, with routine monitoring through CLM. Other spot checking is done to check on the existence of informal or hidden fees.
    - **Togo**: HIV services are free and CLM activity is monitoring it.

6. **Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity.** Programs must consistently advance equity, repudiate stigma and discrimination, and promote human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, children, and other vulnerable groups. This progress must be evidence-based, documented, and included in program evaluation reports.

- **Benin**: Same sex sexual act in private is not criminalized but sex work is criminalized.
- **Burkina Faso**: Same sex sexual act in private is not criminalized but sex work is criminalized.
- **Ghana:** Same-sex sexual activity is prohibited under the Criminal Code 1960, which criminalizes acts of 'unnatural carnal knowledge', which predisposes KPs to stigma, discrimination and abuse. A private members' bill is currently in parliament seeking to LGBTQ+ activities. If passed, the bill could potentially have implications for security of key population (KP) and staff who provide services and set back gains made in reaching KP with HIV services.
- **Liberia**: KP continue to be marginalized and criminalized for their gender identities and expressions, sexual orientation and livelihoods. This has made it difficult for KP to have access to health services, advance non-discriminatory laws, responses to gender-based violence and human rights.
- **Mali**: Same sex sexual act in private and sex work are not criminalized but KPs continue to be marginalized and criminalized by society for their gender identities and expressions, sexual orientation and livelihoods. This has made it difficult for KP to have access to health services, responses to gender-based violence and human rights.
- **Senegal:** Same sex sexual act in private and sex work are not criminalized but homosexuality is a crime that can be punished with a sentence ranging from one year to 10 years in prison. KPs particularly Men who have sex with men are stigmatized and are often victims of violence. Sometimes, the high stigma and discrimination can limit their access to health services.
- **Sierra Leone:** Though Sierra Leone has some of the same laws criminalizing activities of some KPs, the Country and Government remain quite permissive and support progressive measures to end the HIV epidemic. Stigma and discrimination remain a significant factor, but mature and widely respected CSOs and other actors are pursuing strategies to these barriers to effective service delivery and uptake. Sierra Leone was approved for a PEPFAR LIFT Equity Initiative award for FY24, and stigma, discrimination and human rights are the focus of that plan.
- **Togo**: Same sex sexual act and sex work are criminalized.

7. **Optimize and standardize ART regimens.** Offer DTG-based regimens to all people living with HIV (including adolescents, women of childbearing potential, and children) 4 weeks of age and older.
    - **Benin**: Transition to TLD finalized (99% PLHIV on ART are on TLD). Transition to DTG regimen for children is ongoing (44% CLHIV on ART are on DTG based regimen)
    - **Burkina Faso**: Transition to TLD finalized (95% PLHIV on ART are on TLD). Transition to DTG regimen for children is ongoing (4% CLHIV on ART are on DTG based regimen)
    - **Ghana:** Transition to TLD is finalized (96% PLHIV are on TLD), while transition to DTG regimen) has just begun.
    - **Liberia**: In Liberia, as of FY23Q1, 99% of PLHIV on ART have been transitioned to TLD, and 86% of CLHIV <15 have been transitioned to DTG 10mg.
    - **Mali**: Transition to TLD is ongoing (75% PLHIV on ART are on TLD)
    - **Senegal:** Transition to TLD at above 90%, DTG10 is not yet sufficient to cover needs of all.
    - **Sierra Leone:** TLD transition is nearly 100% complete, and high viral suppression (>97%) provides evidence of TLD coverage and TLD effectiveness. DTG transition is underway. A donation of expiring excess supplies from PEPFAR Togo boosted coverage.
    - **Togo**: Transition to TLD finalized (94% PLHIV on ART are on TLD). Transition to DTG regimen for children is ongoing (80% CLHIV on ART are on DTG based regimen)

8. **Offer differentiated service delivery models.** All people with HIV must have access to differentiated service delivery models to simplify HIV care, including 6-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve ART coverage and continuity for different demographic and risk groups and to integrate with national health systems and services.
    - **Benin**: Implementation ongoing (in FY23 Q1, 51% TX-CURR on MMD (50% on 3-5 MMD and 1% on 6 MMD))
    - **Burkina Faso**: Fully implemented (in FY23 Q1, 98% TX-CURR on MMD (28% on 3-5 MMD and 70% on 6 MMD))
    - **Ghana: I**mplementation is ongoing (In FY23 Q1, 97% TX_CURR on MMD; (70% on 3-5 MMD and 27% on 6 MMD))
    - **Liberia**: The 6MMD policy has been adopted and is being scaled-up.
    - **Mali:** Implementation ongoing (in FY23 Q1, 76.3% TX-CURR on MMD)
    - **Senegal:** Implementation is ongoing but the 6MMD (4%) remain low. Country plans to include the 6 MMD in the security stock.

- **Sierra Leone:** Sierra Leone is an HIV Coverage, Quality and Impact (CQUIN) member country and has a CQUIN Advisor within NACP. Earlier this year a National DSD Policy was adopted. DSD is widely supported but has suffered setbacks due to shortfalls with commodities. Though there has been progress with supply chain issues, new solutions have not been fully realized, and other systems issues continue to undermine service delivery. Further supply chain strengthening is occuring in FY23 and will be continued and broadened in FY24.
- **Togo**: Fully implemented (in FY23 Q1, 96% TX-CURR on MMD (25% on 3-5 MMD and 71% on 6 MMD))

9. **Integrate tuberculosis (TB) care.** Routinely screen all people living with HIV for TB disease. Standardized symptom screen alone is not sufficient for TB screening among people living with HIV and should be complemented with more-sensitive and setting-specific, WHO-recommended screening tools. Ensure all people living with HIV 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.
    - **Benin**: Fully implemented.
    - **Burkina Faso:** Fully implemented.
    - **Ghana:** Fully implemented and CLM used to validate its fidelity in PEPFAR sites.
    - **Liberia**: Improvement is needed in the provision of TPT/IPT for HIV positive clients screened negative for TB especially in the non-PEPFAR sites.
    - **Mali**: Fully implemented.
    - **Senegal:** Fully implemented.
    - **Sierra Leone:** Fully implemented.
    - **Togo:** Fully implemented.

10. **Diagnose and treat people with advanced HIV disease (AHD).** People starting treatment, re-engaging in treatment after an interruption of $\geq$ 1 year, or virally unsuppressed for $\geq$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 advanced HIV disease. The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment should be offered to all individuals with advanced disease.
    - **Benin:** Technical assistance will be provided to the MoH to update the HIV care and treatment guidance to consider a package of care for advanced HIV disease.

- **Burkina Faso:** Technical assistance will be provided to the MoH to update the HIV care and treatment guidance to consider a package of care for advanced HIV disease.
- **Ghana:** Ghana has updated its national guidelines to include care for PLHIV presenting with AHD as per WHO guidelines. Dissemination of the updates has just been completed.
- **Liberia**: A technical working group for AHD was established to address inadequate monitoring of advanced HIV disease (need to set up a robust system for monitoring and reporting and ensure the functionality of CD4 point of care).
- **Mali:** PEPFAR and MoH teams are working on the design to address (need to set up a robust system for monitoring and reporting and ensure the care for Advance HIV Disease).
- **Senegal:** A technical working group will be set up for the monitoring of people with AHD. Guidelines and SOPs will be developed to allow health providers to better take charge of patients.
- **Sierra Leone:** PEPFAR is supporting AHD and has requested commodities in ROP23 to support scale up. PEPFAR has found clinicians in Sierra Leone who are interested in this issue and who are encouraged by the partnership with PEPFAR to prevent and address AHD.
- **Togo:** Technical assistance will be provided to the MoH to update the HIV care and treatment guidance to consider a package of care for advanced HIV disease.

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**. In Coordination with other Donors and National TB Programs, complete diagnostic network optimization (DNO) and transition to integrated diagnostics and multiplex testing to address multiple diseases. Ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time.
    - **Benin**: DNO will be done in FY24 (In FY23 Q1, VLC: 75% at PEPFAR sites and turn-around time< 01 week)
    - **Burkina Faso**: DNO will be done in FY24 (In FY23 Q1, VLC: 58% at PEPFAR sites)
    - **Ghana:** DNO analysis for HIV, TB and COVID-19 completed. Nationwide stakeholder dissemination is ongoing.
    - **Liberia**: VL/EID optimization policies adopted. Access to Viral Load testing was found to be excellent in the PEPFAR-supported facilities, and poor at the non-PEPFAR sites. Similarly, guidelines with standard procedure for TB diagnostic evaluation are in place, however, this was not being implemented at non-PEPFAR sites.

- **Mali**: Access to VL/EID remains challenging. Reagent needs to fill, electrical issues and machines maintenance to be fixed at lab level. However, guidelines with standard procedure for TB diagnostic evaluation are in place and implemented at all sites.
- **Senegal:** Access to VL is challenging. Country plans to establish good coordination for machine optimization and service integration (TB- VIH – Hepatitis)
- **Sierra Leone:** A National optimization exercise was completed by ASLM several years ago, though utilization of 16 GeneXpert instruments remains suboptimal. Meanwhile, the MoHS is close to signing an All-Inclusive Reagent Rental Agreement for a new Roche instrument with capacity to meet all current and future needs.
- **Togo**: DNO ongoing (In FY23 Q1, VLC: 91% at PEPFAR sites, and turn-around time < 02 weeks)

12. **Integrate effective quality assurance (QA) and continuous quality improvement (CQI) practices into site and program management.** Program management must apply ongoing program and site standards assessment—including the consistent evaluation of site safety standards and monitoring infection prevention and control practices. PEPFAR-supported activities, including implementing partner agreements and work plans should align with national policy in support of QA/CQI.
    - **Benin**: National QA and CQI system not yet well formalized
    - **Burkina Faso**: National QA and CQI system not yet well formalized
    - **Ghana:** Ghana has a National Healthcare Quality Strategy which places the client at the center of health care and ensures continuously improved measurable health outcomes. PEPFAR aligns with this strategy and goes beyond conducting program specific reviews with follow-up quality improvement plans.
    - **Liberia:** There are standards to assure infection prevention and control intervention and site safety for effective quality assurance and continuous quality improvement. Only PEPFAR-supported sites conduct reviews of key programmatic performance indicators. However, most did not have a quality improvement plan.
    - **Mali**: National QA and CQI system not yet well formalized.
    - **Senegal:** National QA and CQI system not yet formalized.
    - **Sierra Leone:** PEPFAR supported sites have continuous and visible QI activities, which are supported through mentorship and supportive supervision. Though

the PEPFAR Inter-Agency Team does not feel that these efforts are sufficient to relax SIMS requirements, sites are clearly moving toward that threshold.

- **Togo**: National QA and CQI system not yet well formalized

13. **Offer treatment and viral-load literacy.** HIV programs should offer activities that help people understand the facts about HIV infection, treatment, and viral load. Undetectable=Untransmittable (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.
    - **Benin**: Fully implemented at PEPFAR sites.
    - **Burkina Faso**: Fully implemented at PEPFAR sites.
    - **Ghana:** Fully implemented with PEPFAR supporting GHS with U=U messaging. **Liberia**: There are approved activities for treatment and viral load literacy regarding U=U and the reduction of stigma and discrimination.
    - **Mali**: Fully implemented at PEPFAR sites.
    - **Senegal:** Fully implemented at PEPFAR sites.
    - **Sierra Leone:** Consistently offered at PEPFAR sites and being enhanced to maintain and spread the impact.
    - **Togo:** Fully implemented at PEPFAR sites.

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.
    - **Benin**: Organizational capacity strengthening of local CSOs is ongoing and will increase in ROP 23 with a dedicated implementing mechanism led by an experimented local partner (south to south capacity strengthening)
    - **Burkina Faso**: Organizational capacity strengthening of local CSOs is ongoing and will increase in ROP 23 with a dedicated implementing mechanism led by an experimented local partner (south to south capacity strengthening)
    - **Ghana:** On track to programming more than 60% funding through local CSOs and GoG systems by 2025.
    - **Liberia**: None of the USG agencies have transitioned to local partners for the delivery of HIV services. All are still in the planning stage.

- **Mali**: Organizational capacity strengthening of local CSOs is ongoing and will increase in ROP 23 with a dedicated implementing mechanism led by an experimented international partner (FHI360).
- **Senegal:** Capacity building on local organization is ongoing and will increase in ROP23 with the involvement of the national PLHIV network as the main beneficiary of CLM.
- **Sierra Leone:** Several candidate local partners have been identified and will soon begin capacity development possibly followed by sub-contracting for selected activities. Identification of additional candidate partners is on-going as the PEPFAR Inter-Agency Team and PEPFAR's implementing partners are clear about this mandate.
- **Togo**: Organizational capacity strengthening of local CSOs is ongoing and will increase in ROP 23 with a dedicated implementing mechanism led by an experimented local partner (south to south capacity strengthening)

15. **Increase partner government leadership.** A sustainable HIV response requires coordinated efforts that enable governments to take on increasing leadership and management of all aspects of the HIV response—including political commitment, building program capacities and capabilities, and financial planning and expenditure.
    - **Benin**: Existence of a PEPFAR national steering committee led by the NAC. Advocacy ongoing for domestic resource increase
    - **Burkina Faso**: Existence of a PEPFAR national steering committee led by the NAC.
    - **Ghana:** International organisations provided the largest share of financing at 42%, 40% and 41% in 2019, 2020 and 2021 respectively, while public sources accounted for 33%, 34% and 34% for the same period, with Private funds accounting for an average 25% between 2019 and 2021. An HIV/AIDS fund has been created to mobilize funds for HIV.
    - **Liberia**: Approximately 98% of the HIV budget is donor driven. The GFATM is one of the largest contributors supporting the health sector in Liberia. The Government of Liberia (GOL) is now responsible for counterpart financing obligations equal to 5% of the Global Fund's contribution towards the national HIV response.
    - **Mali:** Existence of a national dialogue committee between donors and Government led by the HCNLS. Advocacy is ongoing for domestic resource increase.

- **Senegal:** Existence of national technical and financial partners committee led by NAC. The government contributes 50% to the purchase of ART.
- **Sierra Leone:** Investments and support for data visualization, as well as other support, and PEPFAR's astonishing results, have gained the attention of the GoSL. Presidential and other elections on June 24, 2023, have slowed momentum, but there is little doubt that PEPFAR, Global Fund, UNAIDS and others will continue to look to the GoSL for leadership and commitment in a serious way.
- **Togo**: Existence of a PEPFAR national steering committee led by the NAC. Advocacy is ongoing for domestic resource increase.

16. **Monitor morbidity and mortality outcome.** Aligned with national policies and systems, collect, and use data on infectious and non-infectious causes of morbidity and mortality among people living with HIV, to improve national HIV programs and public health response.
    - **Benin**: Done by the MoH
    - **Burkina Faso**: Done by the MoH
    - **Ghana:** Done by MoH
    - **Liberia**: There is a national strategy for HIV Surveillance and survey which include data collection among population groups and geographic location. There is an absence of co-morbidity in the national HIV Surveillance Strategy (i.e., non-communicable diseases).
    - **Mali:** Done by the MoH
    - **Senegal:** Done by the MoH
    - **Sierra Leone:** Done by the MoHS, and Child Health and Mortality Prevention Surveillance (CHAMPS) for under 5 mortality.
    - **Togo**: Done by the MoH

17. **Adopt and institutionalize best practices for public health case surveillance.** Transfer/deduplication processes and a secure person-based record should be in place for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.
    - **Benin**: Unique Identifier Code implemented.
    - **Burkina Faso**: Unique Identifier Code implemented.
    - **Ghana:**
    - **Liberia**: There is a policy in place that supports the collection of patient data for health. Unique identifiers have been adopted and implemented, M&E tools have

been updated, printed and rolled-out across all PEPFAR sites, and the DHIS2 system has also been updated with UICs.

- **Mali:** Unique Identifier Code implemented.
- **Senegal:** Unique Identifier code implemented at all PEPFAR supported sites through the E-Tracker. The scale up of UIC at national level is ongoing.
- **Sierra Leone:** Limited uptake of unique identifier code, but this remains a priority along with continued expansion of eTracker.
- **Togo**: Unique Identifier Code implemented.

USG Operations and Staffing Plan to Achieve Stated Goals

As concisely as possible, describe what decisions were made to align staffing, management, and operations in program vision and goals. At minimum, the following questions must be addressed:

1) Summarize the analysis conducted of the staffing footprint and interagency organizational structure, responding to the following key questions, as relevant:
    a. What changes did the team make to its USG staffing footprint and interagency organizational structure to maximize effectiveness and efficiency to achieve program priorities across PEPFAR's strategic pillars? How did you assess the baseline Level of Effort of current staff to determine changes in staffing needs?
    1. **Benin**: No change made compared to ROP22.
    2. **Burkina Faso**: No change made compared to ROP22.
    3. **Ghana:** USAID Ghana's Project Management Specialist for Strategic Information not only supports the Ghana PEPFAR program but has additionally assisted Sierra Leone and other country programs with data analysis. He has also assisted CSO partner, NAP+ to analyze its research data related to their stigma index study.
    4. **Liberia:** PEPFAR/Liberia's current ROP22 staffing situation will remain in place. In ROP22, USAID/Liberia onboarded an HIV Technical Specialist. Recruitment efforts are ongoing for the SI Advisor position. USAID will have 3 USG staff; DOD will have one; HRSA provides remote support. PEPFAR/Liberia will not be requesting COP23 funds for new positions.
    5. **Mali**: PEPFAR/Mali's current ROP22 staffing situation will remain in place except the following: a) the position of FSN /HIV/AIDS advisor which was 100% under PEPFAR

budget and remained in it without been filled, has been removed on the one hand, b) On the other hand, the portion of FSN infectious Diseases Advisor budget was increased from 50% to 100%.

6. **Senegal:** No major change compared to ROP22 on the staffing except for the possible replacement of the HIV team leader.
7. **Sierra Leone**: CDC will recruit 3 LE staff for oversight of program implementation. The program will continue receiving technical support from the Ghana-based CDC West Africa team in collaboration with the CDC Sierra Leone Country Office for day-to-day oversight of operations. HRSA will provide remote support for the Community Led Monitoring program.
8. **Togo**: No change made compared to ROP22.
9. **West Africa Regional**: No change made compared to ROP22.

How has the team ensured balance between interagency business process coverage and intra-agency partner management and technical roles?

b. Were there missing skill sets or competencies identified? What steps is the team taking to fill these (e.g., training, repurposing vacancies/encumbered positions)?
    i. Did the team alter existing, unfilled positions to better align with the new PEPFAR business model and program priorities in your OU?

10. **Benin** No missing skill sets. PEPFAR/Benin Team is supported by USAID West Africa Regional team.
11. **Burkina Faso** No missing skill sets. PEPFAR/Burkina Faso Team is supported by USAID West Africa Regional and CDC regional teams.
12. **Ghana:** USAID Ghana's PEPFAR team lacks administrative support and continues the recruitment process for an administrative and program support specialist. This person will help the team with administrative tasks and additional programmatic needs after being vacant for two years. The team had to re-start the recruitment process after previous offers to candidates were not filled.
13. **Liberia**: The collaborative PEPFAR Inter-Agency process in Liberia, led by USAID, is strengthened by two USAID LES positions which were transferred from HRSA and support the entire Inter-Agency Team and business processes. The Inter-Agency Team hosts quarterly partner performance meetings which also include NACP, CSOs and other stakeholders. Each Agency shares work plans, and other documents as needed to assure alignment and efficiency. The Inter-Agency Team has bi-weekly check-in calls. We have also established some guidelines regarding including all agencies when engaging with NACP and others to prevent confusion and to present a unified USG front.

14. **Mali**: USAID is the only agency implementing PEPFAR.
15. **Senegal:** In Senegal, USAID, CDC and the Ministry of Defense are working together to help the Ministry of Health end the HIV pandemic. Each agency has clear objectives and different mechanisms for implementing activities. Each agency shares its work plans and other documents as necessary to ensure alignment and efficiency. The inter-agency team meets monthly.
16. **Sierra Leone**: CDC with have 3 LE staff and collaboration with CDC Sierra Leone Country office. Program implementation will continue with technical support from the Ghana-based CDC West Africa team to achieve program objectives. The interagency collaboration between HRSA and CDC Ghana is effective and complementary. Other WAR Regional support including for supply chain and SI enhance a broad interagency response to the process and technical needs of the program. Quarterly IP Performance Review Meetings will be held. CDC has regular contact with NAS, NACP, UNAIDS and Global Fund. PEPFAR is represented at the Global Fund CCM. CDC will participate in a Health Development Partners group convened by WHO.
17. **Togo:** No missing skill set. USAID West Africa PEPFAR team is leveraged to support PEPFAR/Togo team.
18. **West Africa Regional**: No missing skill set.

2) Explain Long-term Vacant Positions:

Summarize steps that are being taken to fill vacancies of more than 6 months and what actions have been taken to alter the scope of the position to balance interagency and intra-agency needs.

19. **Benin**: No long-term vacancy
20. **Burkina Faso**: No long-term vacancy
21. **Ghana:** Recruitment started again for administrative support position that has been vacant for two years. Offers were made to three previous candidates and the process had to start again.
22. **Liberia**: Recruitment is ongoing for the SI Advisor position.
23. **Mali** No long-term vacancy.
24. **Senegal:** Recruitment is ongoing for the HIV team lead.
25. **Sierra Leone**: CDC will begin recruiting 3 LE staff positions in FY24.
26. **Togo**: No long-term vacancy.
27. **West Africa Regional**: The only long-term vacancy is the Regional PEPFAR Coordinator (USDH) position. The recruitment is ongoing by OGAC. In the meantime,

CDC Director in Burkina Faso and USAID/West Africa Regional Senior HIV Advisor are playing the interim Co-PEPFAR Coordinator role. They will be replaced by the end of August 2023, by an U.S. Personal Services Contractor (USPSC) recruited temporally.

3) Justify Proposed New Positions:

28. **Benin**: NA
29. **Burkina Faso:** NA
30. **Ghana**: N/A
31. **Liberia**: N/A
32. **Mali:** NA
33. **Senegal:** The position of the HIV team lead is vacant
34. **Sierra Leone**: NA
35. **Togo**: NA
36. **West Africa Regional**: NA

4) Explain major changes to CODB:

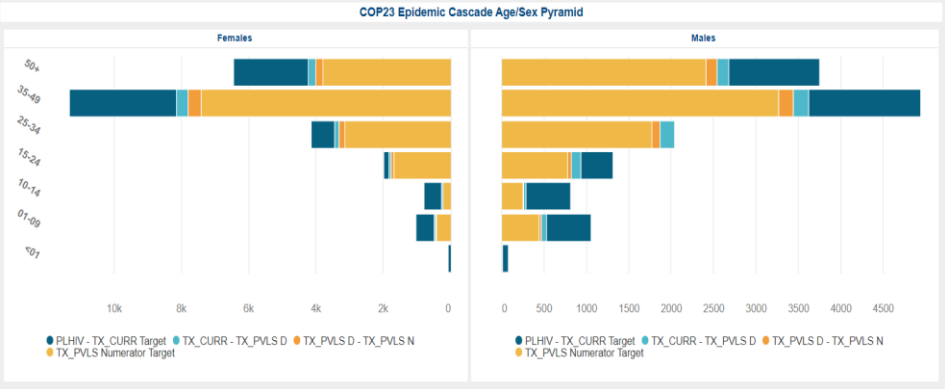
Summarize any factors that may increase or decrease CODB in COP23. Identify whether there are any trade-offs that will be required if the CODB request is not fully approved.

- **Benin**: No change to CODB compared to ROP22.
- **Burkina Faso**: No change to CODB compared to ROP22.
- **Ghana:** No changes to CODB for USAID/Ghana compared to ROP22.
- **Liberia:** Staffing level remains the same in ROP23 as ROP22. We have reduced the staffing budget for ROP23 as we still have unused funds due to delays in on-boarding staff.
- **Mali:** No change to CODB compared to ROP22.
- **Senegal** No change to CODB compared to ROP22.
- **Sierra Leone**: CDC will begin recruiting 3 LE staff positions in FY24, but CODB is unchanged from ROP22.
- **Togo**: No change to CODB compared to ROP22.
- **West Africa Regional**: No change to CODB compared to ROP22.

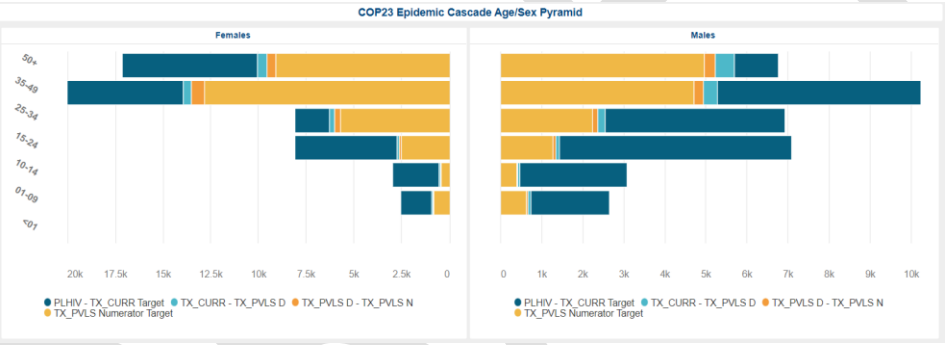
APPENDIX A -- PRIORITIZATION REQUIRED

Epidemic Cascade Age/Sex Pyramid

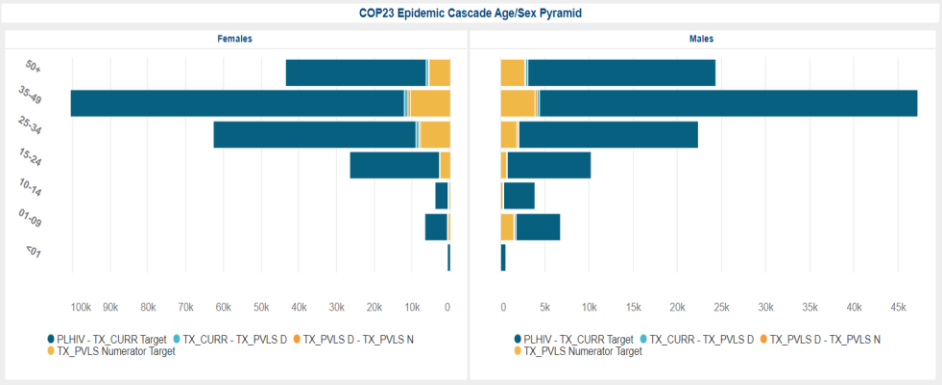
37. Benin



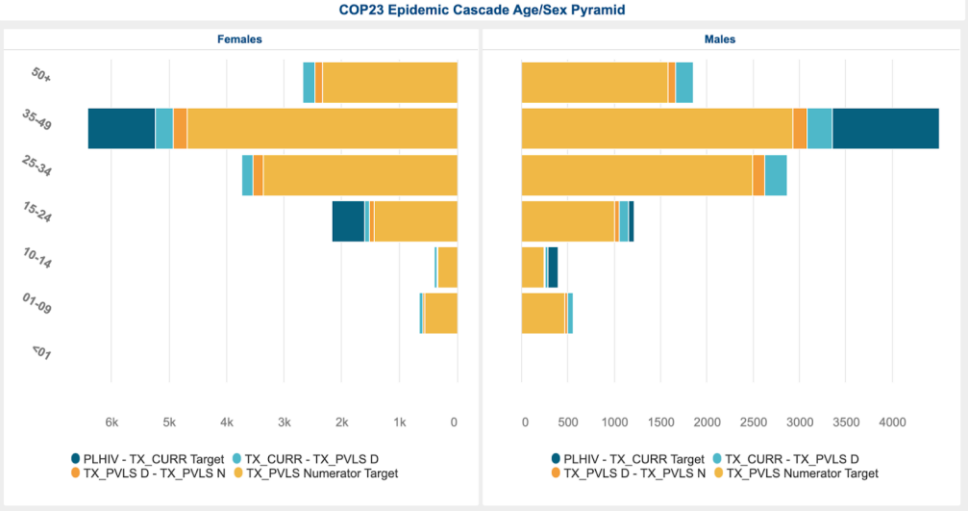
38. Burkina Faso



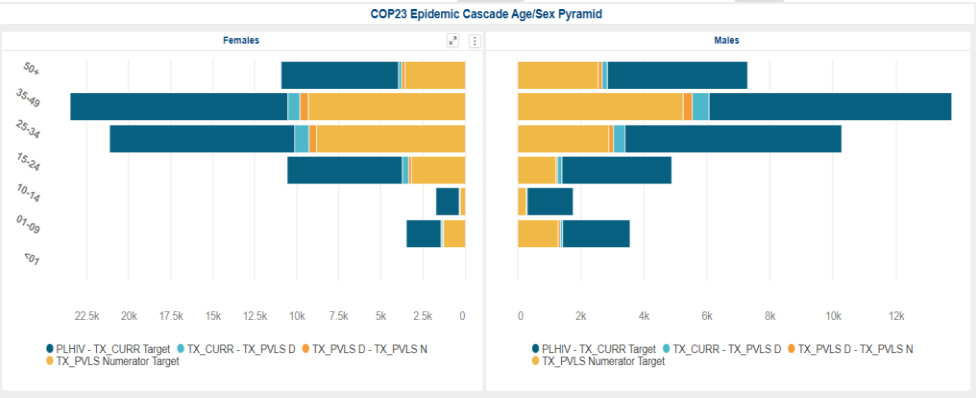
39. Ghana



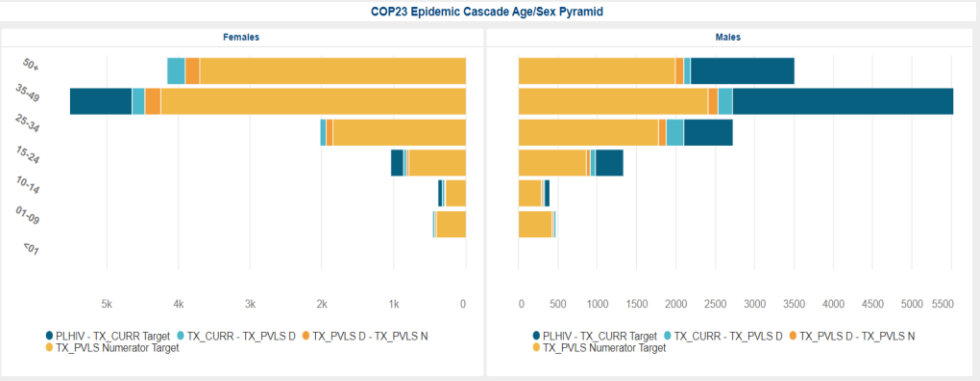
40. Liberia



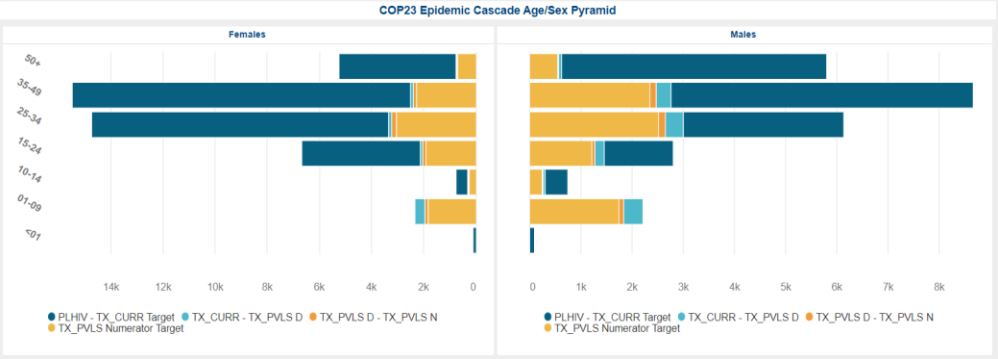
41. Mali



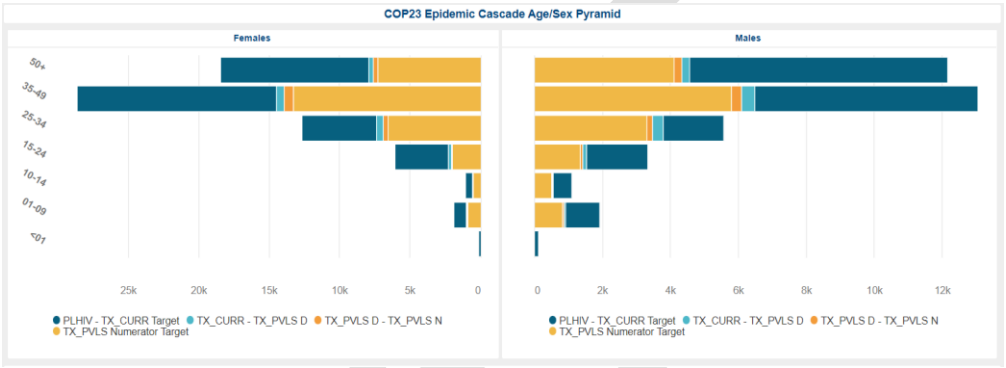
42. Senegal



43. Sierra Leone



44. Togo



APPENDIX B – Budget Profile and Resource Projections REQUIRED

Tables B.1.1-B.1.4 can be generated from the SDS Appendix B chapter of the COP 23 FAST Dossier in PAW.

Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

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

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$6,008,000**	**$6,100,000**
West Africa Region	**Total**		**$6,008,000**	**$6,100,000**
	Benin	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$180,000	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$172,800
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$200,000	$215,717
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$50,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$414,681
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$200,233	$210,000
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$326,150	$375,200
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$178,000	
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$1,185,000	$1,302,487
		C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		$45,000
		C&T>HIV Drugs>Service Delivery>Children	$131,586	$50,351
		C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$156,598	$315,863
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$66,500	
		C&T>HIV Laboratory Services>Service Delivery>Children		$127,375
		C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$837,135	$588,912
		C&T>HIV/TB>Service Delivery>Non-Targeted Populations		$16,863
		C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$110,000	
		HTS>Community-based testing>Service Delivery>Children		$55,000
		HTS>Community-based testing>Service Delivery>Key Populations	$53,200	$140,125
		HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$207,032	$73,050
		HTS>Facility-based testing>Non Service Delivery>Key Populations		$82,600
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$75,000	$57,900
		HTS>Facility-based testing>Service Delivery>Children		$39,000
		HTS>Facility-based testing>Service Delivery>Key Populations		$19,000
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$425,650	$407,876
		HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women		$5,000
		HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$86,000	
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$975,970	$860,000
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$114,400	$125,200
		PREV>Condom & Lubricant Programming>Service Delivery>Key Populations		$100,000
		PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$100,000	
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$20,000
		PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW		$30,000
		PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$60,000	
		PREV>PrEP>Service Delivery>Non-Targeted Populations	$107,446	$162,500
		PREV>Violence Prevention and Response>Service Delivery>AGYW		$18,750
		PREV>Violence Prevention and Response>Service Delivery>Key Populations		$18,750
			$232,100	

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

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$10,150,000**	**$9,950,000**
West Africa Region	**Total**		**$10,150,000**	**$9,950,000**
	Burkina Faso	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$336,745	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$220,000
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$732,000	$649,500
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$90,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$481,619
		ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$128,740	
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$111,909	$925,000
		ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations		$10,000
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$426,649	$411,200
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$165,000	$75,073
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$1,165,442	$1,204,277
		C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		$90,000
		C&T>HIV Drugs>Service Delivery>Children	$53,503	$26,417
		C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$1,531,280	$966,125
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$133,954	$75,800
		C&T>HIV Laboratory Services>Service Delivery>Children		$36,006
		C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$911,784	$598,115
		C&T>HIV/TB>Service Delivery>Non-Targeted Populations		$37,000
		C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$130,000	
		HTS>Community-based testing>Service Delivery>Children		$76,275
		HTS>Community-based testing>Service Delivery>Key Populations	$140,000	$264,008
		HTS>Community-based testing>Service Delivery>Non-Targeted Populations		$101,700
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$250,000	$56,500
		HTS>Facility-based testing>Service Delivery>Children		$38,100
		HTS>Facility-based testing>Service Delivery>Key Populations		$125,425
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$343,000	$314,400
		HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women		$10,000
		HTS>Not Disaggregated>Non Service Delivery>Key Populations	$42,156	$38,900
		HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$18,488	$18,900
		HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	$217,375	
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,450,000	$1,253,660
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$512,826	$942,000
		PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$41,026	$150,000
		PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$108,974	
		PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW		$72,000
		PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		$48,000
		PREV>Not Disaggregated>Service Delivery>Key Populations	$35,000	
		PREV>PrEP>Non Service Delivery>Key Populations	$60,000	$66,000
		PREV>PrEP>Service Delivery>Key Populations	$250,000	$264,000
		PREV>PrEP>Service Delivery>Non-Targeted Populations	$74,149	$120,000
		PREV>Violence Prevention and Response>Service Delivery>AGYW		$27,000
		PREV>Violence Prevention and Response>Service Delivery>Key Populations		$27,000
		SE>Case Management>Service Delivery>Key Populations		$40,000
			$780,000	

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

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$12,700,000**	**$12,672,000**
West Africa Region	**Total**		**$12,700,000**	**$12,672,000**
	Ghana	ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	$43,660	
		ASP>HMIS, surveillance, & research>Non Service Delivery>Military	$70,000	$110,000
		ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$397,320	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$376,081
		ASP>Human resources for health>Non Service Delivery>Military	$165,000	$176,000
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$39,450	
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$921,028	$560,186
		ASP>Laws, regulations & policy environment>Non Service Delivery>Military	$175,000	$380,000
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$170,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$50,000
		ASP>Not Disaggregated>Non Service Delivery>Military	$70,000	$90,000
		ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$653,861	
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$376,366	$598,376
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$147,570
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$571,694	$1,228,778
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$1,898,000	$1,898,000
		C&T>HIV Drugs>Non Service Delivery>Non-Targeted Populations	$300,000	$230,000
		C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$50,000	
		C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$153,021	
		HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	$470,000	$470,000
		HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$398,000	$498,000
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$292,000	$392,000
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$572,000	$572,466
		HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$38,000	
		Not Specified>Not Specified>Not Specified>Non-Targeted Populations		$20,200
		PM>IM Program Management>Non Service Delivery>Military	$80,986	
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$2,690,924	$2,116,508
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$836,861	$1,063,835
		PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$410,000	$437,000
		PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		$392,000
		PREV>PrEP>Service Delivery>Key Populations	$245,000	
		PREV>PrEP>Service Delivery>Non-Targeted Populations		$345,000
		SE>Case Management>Non Service Delivery>Non-Targeted Populations		$350,000
			$781,829	

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

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$9,250,000**	**$8,405,852**
West Africa Region	**Total**		**$9,250,000**	**$8,405,852**
	Liberia	ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	$180,000	
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$150,000	
		ASP>Laws, regulations & policy environment>Non Service Delivery>Military	$32,000	$50,000
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$100,000	
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$120,185
		ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$200,000	
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$338,000	
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$115,000	$70,000
		C&T>HIV Clinical Services>Non Service Delivery>Military		$52,120
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$27,038	
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$659,509	$700,000
		C&T>HIV Clinical Services>Service Delivery>Military	$53,000	$145,359
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$500,000	$2,300,000
		C&T>HIV Drugs>Non Service Delivery>Non-Targeted Populations	$40,000	
		C&T>HIV Laboratory Services>Non Service Delivery>Military	$10,000	$30,100
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$265,000	
		C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$50,000	$60,092
		C&T>Not Disaggregated>Non Service Delivery>Military	$25,000	
		C&T>Not Disaggregated>Service Delivery>Key Populations	$134,962	
		C&T>Not Disaggregated>Service Delivery>Military	$13,000	
		HTS>Community-based testing>Non Service Delivery>Key Populations	$20,931	
		HTS>Community-based testing>Service Delivery>Key Populations	$1,053,500	$400,000
		HTS>Facility-based testing>Service Delivery>Key Populations	$500,000	
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$485,528	$800,000
		HTS>Not Disaggregated>Service Delivery>Key Populations	$34,962	
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,627,256	$1,510,627
		PM>USG Program Management>Non Service Delivery>Key Populations	$46,101	
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$689,940	$292,000
		PREV>Condom & Lubricant Programming>Non Service Delivery>Non-Targeted Populations		$100,000
		PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$100,000	
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Military		$33,000
		PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations		$300,000
		PREV>PrEP>Non Service Delivery>Key Populations	$70,000	$447,690
		PREV>PrEP>Service Delivery>Key Populations	$481,000	$444,679
		PREV>PrEP>Service Delivery>Non-Targeted Populations		$550,000
			$1,248,273	

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

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$9,350,000**	**$9,361,204**
West Africa Region	**Total**		**$9,350,000**	**$9,361,204**
	Mali	ASP>HMIS, surveillance, & research>Non Service Delivery>Key Populations	$350,000	
		ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$221,600	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$184,000
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$372,300	$248,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$1,000,000
		ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$300,000	
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$279,000	$279,000
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$250,000
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$17,600	$17,600
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$493,720	$602,800
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$542,000	$597,000
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$156,234	$156,234
		C&T>HIV Drugs>Non Service Delivery>Non-Targeted Populations	$123,900	$123,100
		C&T>HIV Laboratory Services>Non Service Delivery>Key Populations	$5,400	$5,400
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$13,700	$13,200
		C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$191,674	$191,674
		C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$110,000	
		HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	$414,100	$615,800
		HTS>Community-based testing>Service Delivery>Key Populations	$882,000	$1,231,700
		HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$258,088	$403,049
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$18,400	$17,700
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations		$221,918
		HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	$1,049	
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,170,001	$1,070,001
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$632,150	$745,850
		PREV>Condom & Lubricant Programming>Service Delivery>Key Populations		$60,000
		PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$60,000	
		PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$60,000	
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$545,000
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		$542,470
		PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		$18,000
		PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$5,400	$5,400
		PREV>Not Disaggregated>Service Delivery>Key Populations	$18,000	
		PREV>PrEP>Service Delivery>Non-Targeted Populations	$51,000	$51,000
		SE>Psychosocial support>Service Delivery>Key Populations		$165,308
			$2,662,684	

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

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$7,250,000**	**$7,076,362**
West Africa Region	**Total**		**$7,250,000**	**$7,076,362**
	Senegal	ASP>HMIS, surveillance, & research>Non Service Delivery>Military	$30,000	
		ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$558,480	$100,000
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Military		$30,000
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$200,620
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$135,930	$135,930
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$398,788	$248,788
		ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations		$45,310
		ASP>Laws, regulations & policy environment>Non Service Delivery>Military	$20,000	$20,000
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$130,316	
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$29,271
		ASP>Management of Disease Control Programs>Non Service Delivery>Military		$25,000
		ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$40,000	
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$345,310	$295,310
		ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$90,620	
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$187,386
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$417,126	$311,889
		C&T>HIV Clinical Services>Non Service Delivery>Military		$55,000
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$42,500	$100,000
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$498,957	$539,388
		C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		$100,000
		C&T>HIV Laboratory Services>Non Service Delivery>Key Populations	$308,381	$283,381
		C&T>HIV Laboratory Services>Non Service Delivery>Military	$75,000	$75,000
		C&T>HIV Laboratory Services>Service Delivery>Key Populations	$317,170	$317,170
		HTS>Community-based testing>Non Service Delivery>Children		$105,081
		HTS>Community-based testing>Non Service Delivery>Key Populations	$383,518	$364,277
		HTS>Community-based testing>Non Service Delivery>Pregnant & Breastfeeding Women		$105,081
		HTS>Community-based testing>Service Delivery>Key Populations	$317,170	$317,170
		Not Specified>Not Specified>Not Specified>Non-Targeted Populations		$265,000
		PM>IM Program Management>Non Service Delivery>Key Populations	$20,000	
		PM>IM Program Management>Non Service Delivery>Military		$40,000
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,088,701	$987,045
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$285,750	$280,750
		PREV>Condom & Lubricant Programming>Non Service Delivery>Key Populations		$83,885
		PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$100,000	$94,068
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$25,351
		PREV>Not Disaggregated>Non Service Delivery>Military	$140,000	$143,000
		PREV>Not Disaggregated>Service Delivery>Key Populations	$180,862	$180,865
		PREV>PrEP>Non Service Delivery>Key Populations	$200,000	$90,620
			$426,991	

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

Operating Unit	Country	Intervention	Budget
			2023
Total			**$7,900,000**
West Africa Region	**Total**		**$7,900,000**
	Sierra Leone	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$241,000
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$240,000
		ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$1,030,914
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$1,512,562
		C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$157,991
		C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$255,619
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$1,023,395
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$280,476
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,879,000
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$272,471
		PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$13,210
		PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$86,790
		PREV>PrEP>Service Delivery>Non-Targeted Populations	$766,572
			$140,000

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

Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$11,000,000**	**$10,980,000**
West Africa Region	**Total**		**$11,000,000**	**$10,980,000**
	Togo	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$250,000	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$257,250
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$470,000	$504,704
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$50,000
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$374,986
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$328,643	$1,383,767
		ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$80,000	$140,000
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$235,630	$484,600
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$115,920	$67,920
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$1,332,175	$1,434,300
		C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women		$90,000
		C&T>HIV Drugs>Service Delivery>Children	$200,000	$52,292
		C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$1,550,862	$1,304,477
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$107,000	
		C&T>HIV Laboratory Services>Service Delivery>Children		$213,972
		C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$1,585,932	$542,077
		C&T>HIV/TB>Service Delivery>Non-Targeted Populations		$37,000
		C&T>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$140,000	
		HTS>Community-based testing>Service Delivery>Children		$105,840
		HTS>Community-based testing>Service Delivery>Key Populations	$187,000	$216,922
		HTS>Community-based testing>Service Delivery>Non-Targeted Populations		$131,120
		HTS>Facility-based testing>Non Service Delivery>Key Populations		$34,800
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$88,000	$87,500
		HTS>Facility-based testing>Service Delivery>Children		$35,280
		HTS>Facility-based testing>Service Delivery>Key Populations		$135,420
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$700,000	$512,552
		HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women		$10,000
		HTS>Not Disaggregated>Non Service Delivery>Key Populations	$34,804	
		HTS>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$9,114	
		HTS>Not Disaggregated>Service Delivery>Non-Targeted Populations	$247,000	
		PM>IM Program Management>Non Service Delivery>Children		$14,615
		PM>IM Program Management>Non Service Delivery>Key Populations		$12,101
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$1,821,797	$1,614,042
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$299,140	$299,200
		PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$167,843	$170,851
		PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$12,157	
		PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW		$72,000
		PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations		$48,000
		PREV>Not Disaggregated>Service Delivery>Key Populations	$35,000	
		PREV>PrEP>Non Service Delivery>Key Populations		$60,000
		PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$50,000	
		PREV>PrEP>Service Delivery>Key Populations		$274,412
		PREV>PrEP>Service Delivery>Non-Targeted Populations	$286,455	$120,000
		PREV>Violence Prevention and Response>Service Delivery>AGYW		$27,000
		PREV>Violence Prevention and Response>Service Delivery>Key Populations		$27,000
		SE>Case Management>Service Delivery>Key Populations		$34,000
			$665,528	

Table B.1.1: COP22, COP23/FY 24, COP 23/FY25 Budget by Intervention				
Operating Unit	Country	Intervention	Budget	
			2023	2024
Total			**$2,441,000**	**$2,550,000**
West Africa Region	**Total**		**$2,441,000**	**$2,550,000**
	West Africa Region	ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$306,768	
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$114,900
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$128,910	
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$203,333
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$370,000
		ASP>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$437,364	
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$85,000	$46,667
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations		$53,100
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$55,168	$217,200
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$13,792	$28,200
		HTS>Not Disaggregated>Non Service Delivery>Key Populations	$55,168	
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$138,900	$110,000
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$829,830	$1,406,600
			$390,100	

Table B.1.2 COP22, COP 23/FY 24 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			**$6,008,000**	**$6,100,000**
West Africa Region	**Total**		**$6,008,000**	**$6,100,000**
	Benin	C&T	$2,990,969	$2,822,051
		HTS	$846,882	$879,551
		PREV	$358,546	$350,000
		ASP	$721,233	$1,063,198
		PM	$1,090,370	$985,200

Table B.1.2: COP22, COP23/FY 24, COP 23/FY25 Budget by Program Area				
Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$10,150,000**	**$9,950,000**
West Africa Region	**Total**		**$10,150,000**	**$9,950,000**
	Burkina Faso	C&T	$4,642,612	$3,520,013
		HTS	$1,231,019	$1,044,208
		PREV	$724,149	$774,000
		SE	$70,000	$40,000
		ASP	$1,519,394	$2,376,119
		PM	$1,962,826	$2,195,660

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

Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$12,700,000**	**$12,672,000**
West Africa Region	**Total**		**$12,700,000**	**$12,672,000**
	Ghana	C&T	$2,972,715	$3,356,778
		HTS	$1,770,000	$1,932,466
		PREV	$947,000	$1,174,000
		SE	$285,000	$350,000
		ASP	$3,116,514	$2,658,213
		PM	$3,608,771	$3,180,343
		Not Specified		$20,200

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

Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$9,250,000**	**$8,405,852**
West Africa Region	**Total**		**$9,250,000**	**$8,405,852**
	Liberia	C&T	$1,892,509	$3,357,671
		HTS	$2,094,921	$1,200,000
		PREV	$1,102,615	$1,875,369
		SE	$50,000	
		ASP	$1,746,658	$170,185
		PM	$2,363,297	$1,802,627

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

Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$7,250,000**	**$7,076,362**
West Africa Region	**Total**		**$7,250,000**	**$7,076,362**
	Senegal	C&T	$1,823,438	$1,781,828
		HTS	$1,475,985	$1,786,335
		PREV	$740,455	$617,789
		ASP	$1,815,671	$1,317,615
		PM	$1,394,451	$1,307,795
		Not Specified		$265,000

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

Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$9,350,000**	**$9,361,204**
West Africa Region	**Total**		**$9,350,000**	**$9,361,204**
	Mali	C&T	$1,728,694	$1,707,008
		HTS	$2,101,255	$2,490,167
		PREV	$1,118,300	$1,221,870
		SE	$55,000	$165,308
		ASP	$2,544,600	$1,961,000
		PM	$1,802,151	$1,815,851

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

Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$7,250,000**	**$7,076,362**
West Africa Region	**Total**		**$7,250,000**	**$7,076,362**
	Senegal	C&T	$1,823,438	$1,781,828
		HTS	$1,475,985	$1,786,335
		PREV	$740,455	$617,789
		ASP	$1,815,671	$1,317,615
		PM	$1,394,451	$1,307,795
		Not Specified		$265,000

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

Operating Unit	Country	Program	Budget
			2023
Total			**$7,900,000**
West Africa Region	**Total**		**$7,900,000**
	Sierra Leone	C&T	$1,926,172
		HTS	$1,303,871
		PREV	$866,572
		ASP	$1,651,914
		PM	$2,151,471

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

Operating Unit	Country	Program	Budget	
			2023	2024
Total			**$11,000,000**	**$10,980,000**
West Africa Region	**Total**		**$11,000,000**	**$10,980,000**
	Togo	C&T	$5,352,519	$4,226,638
		HTS	$1,438,918	$1,269,434
		PREV	$748,455	$799,263
		SE	$35,000	$34,000
		ASP	$1,304,171	$2,710,707
		PM	$2,120,937	$1,939,958

Table B.1.3 COP22, COP 23/FY 24 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			**$6,008,000**	**$6,100,000**
West Africa Region	**Total**		**$6,008,000**	**$6,100,000**
	Benin	AGYW		$48,750
		Children	$131,586	$271,726
		Key Populations	$272,150	$380,475
		Non-Targeted Populations	$5,604,264	$5,349,049
		Pregnant & Breastfeeding Women		$50,000

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

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			**$10,150,000**	**$9,950,000**
West Africa Region	**Total**		**$10,150,000**	**$9,950,000**
	Burkina Faso	AGYW		$99,000
		Children	$53,503	$176,798
		Key Populations	$1,178,182	$1,098,406
		Non-Targeted Populations	$8,918,315	$8,475,796
		Pregnant & Breastfeeding Women		$100,000

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

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			**$12,700,000**	**$12,672,000**
West Africa Region	**Total**		**$12,700,000**	**$12,672,000**
	Ghana	Key Populations	$698,660	$829,000
		Military	$560,986	$756,000
		Non-Targeted Populations	$11,440,354	$11,087,000

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

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			**$9,250,000**	**$8,405,852**
West Africa Region	**Total**		**$9,250,000**	**$8,405,852**
	Liberia	Key Populations	$3,772,580	$2,062,369
		Military	$158,000	$310,579
		Non-Targeted Populations	$5,319,420	$6,032,904

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

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			**$9,350,000**	**$9,361,204**
West Africa Region	**Total**		**$9,350,000**	**$9,361,204**
	Mali	Key Populations	$2,997,618	$2,890,008
		Non-Targeted Populations	$6,352,382	$6,471,196

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

Operating Unit	Country	Targeted Beneficiary	Budget	
			2023	2024
Total			**$7,250,000**	**$7,076,362**
West Africa Region	**Total**		**$7,250,000**	**$7,076,362**
	Senegal	Children		$210,162
		Key Populations	$3,588,605	$3,171,141
		Military	$445,000	$490,000
		Non-Targeted Populations	$3,216,395	$2,894,897
		Pregnant & Breastfeeding Women		$310,162

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

Operating Unit	Country	Targeted Beneficiary	Budget
			2023
Total			**$7,900,000**
West Africa Region	**Total**		**$7,900,000**
	Sierra Leone	Key Populations	$13,210
		Non-Targeted Populations	$7,886,790

Table B.1.3: COP22, COP23/FY 24, COP 23/FY25 Budget by Beneficiary				
Operating Unit	Country		Budget	
		Targeted Beneficiary	2023	2024
Total			**$11,000,000**	**$10,980,000**
West Africa Region	**Total**		**$11,000,000**	**$10,980,000**
	Togo	AGYW		$99,000
		Children	$200,000	$421,999
		Key Populations	$915,567	$1,081,426
		Non-Targeted Populations	$9,884,433	$9,277,575
		Pregnant & Breastfeeding Women		$100,000

Table B.1.4 COP 22, COP 23/FY 24 Budget by Initiative

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative				
Operating Unit	Country		Budget	
		Initiative Name	2023	2024
Total			**$6,008,000**	**$6,100,000**
West Africa Region	**Total**		**$6,008,000**	**$6,100,000**
	Benin	Community-Led Monitoring	$150,000	
		Condoms (GHP-USAID Central Funding)	$100,000	$100,000
		Core Program	$5,758,000	$6,000,000

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative				
Operating Unit	Country		Budget	
		Initiative Name	2023	2024
Total			**$10,150,000**	**$9,950,000**
West Africa Region	**Total**		**$10,150,000**	**$9,950,000**
	Burkina Faso	Condoms (GHP-USAID Central Funding)	$150,000	$150,000
		Core Program	$10,000,000	$9,800,000

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative				
Operating Unit	Country		Budget	
		Initiative Name	2023	2024
Total			**$12,700,000**	**$12,672,000**
West Africa Region	**Total**		**$12,700,000**	**$12,672,000**
	Ghana	Community-Led Monitoring		$180,000
		Condoms (GHP-USAID Central Funding)	$410,000	$410,000
		Core Program	$12,290,000	$12,082,000

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative				
Operating Unit	Country		Budget	
		Initiative Name	2023	2024
Total			**$9,250,000**	**$8,405,852**
West Africa Region	**Total**		**$9,250,000**	**$8,405,852**
	Liberia	Condoms (GHP-USAID Central Funding)	$100,000	$100,000
		Core Program	$9,150,000	$8,305,852

Table B.1.4: COP22, COP23/FY 24, COP 23/FY25 Budget by Initiative				
Operating Unit	Country		Budget	
		Initiative Name	2023	2024
Total			**$9,350,000**	**$9,361,204**
West Africa Region	**Total**		**$9,350,000**	**$9,361,204**
	Mali	Community-Led Monitoring	$110,000	$110,000
		Condoms (GHP-USAID Central Funding)	$60,000	$60,000
		Core Program	$9,180,000	$9,191,204

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

Operating Unit	Country	Initiative Name	Budget	
			2023	2024
Total			**$7,250,000**	**$7,076,362**
West Africa Region	**Total**		**$7,250,000**	**$7,076,362**
	Senegal	Condoms (GHP-USAID Central Funding)	$100,000	$99,912
		Core Program	$7,150,000	$6,976,450

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

Operating Unit	Country	Initiative Name	Budget
			2023
Total			**$7,900,000**
West Africa Region	**Total**		**$7,900,000**
	Sierra Leone	Community-Led Monitoring	$115,000
		Condoms (GHP-USAID Central Funding)	$100,000
		Core Program	$7,685,000

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

Operating Unit	Country	Initiative Name	Budget	
			2023	2024
Total			**$11,000,000**	**$10,980,000**
West Africa Region	**Total**		**$11,000,000**	**$10,980,000**
	Togo	Condoms (GHP-USAID Central Funding)	$180,000	$180,000
		Core Program	$10,820,000	$10,800,000

B.2 Resource Projections

For ROP23/FY24, past expenditures were used to estimate the budget needed to reach ROP 23 targets and above-site benchmarks. Based on priorities defined together with Governments, CSOs, and other stakeholders, the PEPFAR team set up the targets using the Datapack tool and based on those targets, budgets by program areas were determined based on past expenditures.

As for other Regional OUs, the West Africa Region will start the two-year cycle planning in ROP24.

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

Benin

Benin above site activities aims to strengthen the following program areas: (i) Health Management Information Systems (HMIS), (ii) Management of disease control programs, (iii) Procurement & supply chain management, (iv) Laboratory systems strengthening, and (v) Laws,

regulations & policy environment. Country team will report on their PASIT investment strategy, addressing the following points:

- Expand the e-tracker to the 02 additional PEPFAR sites.
- Provide TA to MoH/GF for the scale-up of e-tracker to non PEPFAR supported sites.
- 1. Support data collection, monitoring and reporting at PEPFAR supported sites and alignment of site reported data into the national DHIS2 to improve data quality and estimates accuracy
- 2. Support capacity building of NACP and MOH staff on data quality best practices and data use
- Conduct a root causes analysis of continuity of treatment challenges for priority populations (children, KP)
- Conduct MoH-GF-PEPFAR joint quarterly supervisions at non PEPFAR and PEPFAR sites
- Elaboration of a National HIV services QA/QI plan
- Organize semesterly best practices sharing meetings between PEPFAR and non PEPFAR sites
- Train/refresh/coach KP -led associations/CSOs on DSD for KPs (PrEP, index testing, Risk network referral, case management, MMD etc), treatment literacy, and U=U messaging
- Strengthen local CSO/KP/PLHIV-led Associations/Networks capacity (governance, financial management, technical, and advocacy) to receive direct funding from donors (Baseline assessment, capacity building plan development and implementation)
- Forecasting and Quantification workshops
- Supply planning and inventory management monitoring
- Supply chain technical support to the 17 PEPFAR-supported ART sites
- eDISP upgrades, maintenance and extension to two new PEPFAR-supported sites
- Provide support to PEPFAR-supported ART sites for effective inventory management to allow implementation MMD6 Policy
- Organize quarterly supply chain coordination technical working group meetings at central level and subnational level of the health systems.
- Support for development logistics management resources (SOPs, job aids and stock management tools) for roll-out of community ARVs distribution.
- Facilitate adoption of All-pricing inclusive model for VL and RKT.
- Support External Quality Assurance (EQA) for VL and EID results.
- Support HIV efficiency testing.
- Provide TA to MoH to develop an integrated samples referral system (HIV, TB, Hb)

- Organize quarterly coordination meeting with VL stakeholders to early identify issues and provide corrective actions.
- Support national semestrial supervision of VL labs.
- Strengthen the LMIS and interconnect it to the eTracker
- Provide TA for starting viral load lab accreditation process.
- Refresh/sensitize health workers, law enforcement officers, religious and customary authorities for an improvement of the social environment in favor of the KP and PLHIV

Benin ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Non-Targeted Populations	1. Expand the e-tracker to the 02 additional PEPFAR sites 2. Provide TA to MoH/GF for the scale-up of e-tracker to non PEPFAR supported sites	1. E-tracker is available and functional for patient listing, tracking and reporting on the 2 new PEPFAR supported facilities 2. MOH has a national e-tracker scale up plan with timeline and budgeted	Improved case management and clinical outcome management	$50,000
Health Management Information Systems (HMIS)	Non-Targeted Populations	1. Support data collection, monitoring and reporting at PEPFAR supported sites and alignment of site reported data into the national DHIS2 to improve data quality and estimates accuracy 2. Support capacity building of NACP and MOH staff on data quality best practices and data use	E-tracker is used for patient tracking and reporting on all PEPFAR supported sites Site level data is timely available for various reporting at national frequency in DHIS2 and aligned between sources	Timely access to quality HIV data for prevention, care, program monitoring and surveillance	$82,800
Health Management Information Systems (HMIS)	Non-Targeted Populations	Conduct a root causes analysis of continuity of treatment challenges for priority populations (children, KP)	Decrease of IIT rate at all facilities to under 3% after addressing identified root causes	Decrease of number of death due to AIDS	$40,000
Laboratory systems strengthening	Non-Targeted Populations	1. Organize quarterly coordination meeting with VL stakeholders to early identify issues and provide corrective actions 2. Support national semestrial supervision of VL labs	Quarterly VL stakeholders' meetings are organized	VLC >=95%	$30,000
Laboratory systems strengthening	Non-Targeted Populations	1. Support External Quality Assurance (EQA) for VL and EID results 2. Support HIV efficiency testing	100% of PEPFAR supported lab participated in an EQA exercise	Continuous quality VL and EID tests	$10,000
Laboratory systems strengthening	Non-Targeted Populations	Facilitate adoption of All-pricing inclusive model for VL and RKT.	All-inclusive pricing agreement signed between MoH and Manufacturers	VL coverage; VL stock-out rates	$15,717
Laboratory systems strengthening	Non-Targeted Populations	Provide TA for starting viral load lab accreditation process	PEPFAR supported lab baseline assessment is done Capacity building plan is developed for each lab assessed	Continuous quality VL and EID tests	$35,000
Laboratory systems strengthening	Non-Targeted Populations	Provide TA to MoH to develop an integrated samples referral system (HIV, TB, Hb)	Functional integrated samples transportation is in place	VLC >=95%	$25,000
Laboratory systems strengthening	Non-Targeted Populations	Strengthen the LMIS and interconnect it to the etracker	eLMIS is upgraded and interconnected to the eTracker	Timely access to quality VL data for care, program monitoring and surveillance	$100,000

Laws, regulations & policy environment	Non-Targeted Populations	1. Refresh/sensitize health workers, law enforcement officers, religious and customary authorities for an improvement of the social environment in favor of the KP and PLHIV	At least 200 health workers, law enforcement officers, religious and customary authorities for an improvement of the social environment in favor of the KP and PLHIV	Improved access to HIV services to KPs and PLHIV	$30,000
Management of Disease Control Programs	Non-Targeted Populations	1. Conduct MoH-GF-PEPFAR joint quarterly supervisions at non PEPFAR and PEPFAR sites 2. Elaboration of a National HIV services QA/QI plan 3. Organize semesterly best practices sharing meetings between PEPFAR and non PEPFAR sites	04 joint PEPFAR-MoH-GF quarterly supervision are organized by year Country has a national QA/QI plan 02 semestrial best practices sharing meetings are organized with PEPFAR and non-PEPFAR supported sites, MoH, and other stakeholders	Improved quality of HIV services	$73,200
Management of Disease Control Programs	Non-Targeted Populations	Strengthen local CSO/KP/PLHIV-led Associations/Networks capacity (governance, financial management, technical, and advocacy) to receive direct funding from donors (Baseline assessment, capacity building plan development and implementation)	1. Baseline assessment of CSOs capacity is done 2. Each supported CSOs has a tailored organization capacity development plan 3. Implementation of the tailored organizational capacity building plan started in at least 03 supported CSOs	Increase of % of PEPFAR budget allocated directly to local partners	$240,000
Management of Disease Control Programs	Non-Targeted Populations	Train/refresh/coach KP -led associations/CSOs on DSD for KPs (PrEP, index testing, Risk network referral, case management, MMD etc), treatment literacy, and U=U messaging	at least 95% of FY24 PrEP_NEW annual target achieved among KPs 95% of FY 24 TX_NEW annual targets achieved among KPs less than 3% IIT among KPs VLS >=95% among KPs	Reduced 95-95-95 gaps among KPs	$20,000
Procurement & supply chain management	Non-Targeted Populations	eDISP upgrades, maintenance and extension to two new PEPFAR-supported sites	eDISP roll-out plan	Improved data visibility and analytics	$30,000
Procurement & supply chain management	Non-Targeted Populations	Forecasting and Quantification workshops	Updated quantification report	Technical independence of Commodities TWG	$40,000
Procurement & supply chain management	Non-Targeted Populations	Funding for closeouts costs	n/a	n/a	$81,481
Procurement & supply chain management	Non-Targeted Populations	Organize quarterly supply chain coordination technical working group meetings at central level and subnational level of the health systems	Quarterly Report of Supply Plan Updates	Supply plan execution rate	$30,000
Procurement & supply chain management	Non-Targeted Populations	Provide support to PEPFAR-supported ART sites for effective inventory management to allow implementation MMD6 Policy	MMD Coverage Dashboard	MMD6 coverage by ART sites	$35,000
Procurement & supply chain management	Non-Targeted Populations	Supply chain technical support to the 17 PEPFAR-supported ART sites	Stock-out rates	SC accountability	$25,000
Procurement & supply chain management	Non-Targeted Populations	Supply planning and inventory management monitoring	TWG reports	Supply plan execution rate	$25,000
Procurement & supply chain management	Non-Targeted Populations	Support for development logistics management resources (SOPs, job aids and stock management tools) for roll-out of community ARVs distribution.	SoPs, job aids and stock management tools developed	% of patients served through Community ARVs distribution model	$25,000

Burkina Faso:

Burkina Faso above site activities aims to strengthen the following program areas: (i) Procurement & supply chain management, (ii) Laboratory systems strengthening, (iii) Management of disease control programs, (iv) Health Management Information Systems (HMIS),

and (v) Laws, regulations & policy environment. Country team will report on their PASIT investment strategy, addressing the following points:

Coordination and collaboration with HIV Supply Chain stakeholders for effective supply chain coordination technical working group meetings at central level and subnational level (Supply planning and inventory management monitoring)

- Forecasting and Quantification workshops
- Supply chain technical support to x PEPFAR-supported ART sites and strengthen Inventory management through routine supportive supervision.
- Provide support to PEPFAR-supported ART sites for effective inventory management to allow implementation MMD6 Policy
- Technical assistance to the MoH to support end-to-end logistics data visibility and analysis to drive program performance (support the eLMIS rollout: NetSIGL2.0).
- Support for development logistics management resources (SoPs, job aids and stock management tools) for roll-out of community ARVs distribution
- Support last mile distribution in the zones with high security challenges (Decentralized Drug Distribution and roll-out of supply chain contingency plan).
- Facilitate adoption of All-pricing inclusive model for VL and RKT
- Provide support for VL diagnostics network optimization.
- Support VL samples transportation in collaboration with host country and GF
- Support community collection of VL samples coupled with ARV community dispensing if patients consent.
- Support VL commodities data visibility and use for decision making at sites and labs
- Enhanced communication between labs and sites with designated PoC at each side
- Organize a quarterly coordination meeting with MoH, GF, PEPFAR IPs, labs, sites, CSO including representative of PLHIV to analyze VL cascade data and provide corrective actions
- Strengthen the Burkina Faso laboratory system through laboratory quality management system, external quality assurance program,
- Provide technical support for establishment of laboratory information management system
- Organize a joint MoH-GF-PEPFAR quarterly supervision at non PEPFAR and PEPFAR sites.
- Elaboration of a National HIV services QA/QI plan
- Organize semesterly best practices sharing meetings between PEPFAR and non PEPFAR sites.
- Use CLM findings to improve access and quality of services to KP and PLHIV

- Train/refresh/coach service providers on (i) PrEP services and demand creation, (ii) self-testing, (iii) index testing, and (iiii) care & treatment Differentiated Service Delivery to KPs, children, adolescents and youth, and adult men.
- Strengthen Organizational capacity of West Africa CBOs to receive direct funding from donors (international and domestic)
- Strengthen domestic and external resources mobilization.
- Provide TA to the MoH for effective NATIONAL e-tracker scale up and use, data quality improvement, and data use for decision making at all sites.
- Support the NACP in periodical cleaning and analyzing national annual program data
- Support the interoperability of national Tracker, ENDOS (DHIS2), eLMIS and LIMS
- Conduct an analysis of continuity of treatment challenges for priority populations (children, IDPs)
- Support the implementation of the national action plan against stigma and discrimination.
- Leverage the CLM project to develop and implement a community scorecard approach for increased participation, accountability and transparency between service users, providers and decision makers (MoH) on PEPFAR supported and non PEPFAR supported regions.
- Strengthen capacity of stakeholders working for the defense of human rights and the promotion of an enabling environment for key populations and PLHIV (parliamentarians, law enforcers, religious and community leaders, and medias)

Burkina Faso ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Non-Targeted Populations	Conduct an analysis of continuity of treatment challenges for priority populations (children, IDPs,)	Decrease of IIT rate at all facilities to under 3% after addressing identified root causes	Second and 3rd 95 gaps decreased	$40,000
Health Management Information Systems (HMIS)	Non-Targeted Populations	1. Provide TA to the MoH for effective NATIONAL e-tracker scale up and use, data quality improvement, and data use for decision making at all sites. 2. Support the NACP in periodical cleaning and analyzing national annual program data 3. Support the interoperability of national Tracker, ENDOS (DHIS2), eLMIS and LIMS	1. National E-Tracker scaled up and functional at 100% of country's facilities 2. PEPFAR supported facilities data are aligned in national HIV program data 3. National E-tracker data feed directly into ENDOS (DHIS2) and is interoperable with the LIMS at PEPFAR supported sites; with a scale-up plan for national level	Optimized data management system for effective data-driven decision making	$80,000

Laboratory systems strengthening	Non-Targeted Populations	Strengthen the Burkina Faso laboratory system through laboratory quality management system, external quality assurance program,	Proportion of labs with at least three SLIPTA stars (75% by FY24)	6 regional hospitals accredited with ISO 15189 and recognized internationally, continous viral load testing maintained, efficient PT/EQA program established (2 rounds),ePT system established, viral load test turnaround time shortened	$150,000
Laboratory systems strengthening	Non-Targeted Populations	Provide technical support for establishment of laboratory information management system	70% of hubs with remote logging system Number of Labs with standardized LIMS	By 2024, 90% of laboratory technicians will be trained	$150,000
Laboratory systems strengthening	Non-Targeted Populations	1. Enhanced communication between labs and sites with designated PoC at each side 2. Organize a quarterly coordination meeting with MoH, GF, PEPFAR IPs, labs, sites, CSO including representative of PLHIV to analyze VL cascade data and provide corrective actions	Communication enhanced with POCs at each site. Four coordination meetings held with designated stakeholders	# of POCs reporting on communication activities on each site. # of coordination meetings per year.	$44,500
Laboratory systems strengthening	Non-Targeted Populations	1. Support VL samples transportation in collaboration with host country and GF 2. Support community collection of VL samples coupled with ARV community dispensing if patients consent. 3. Support VL commodities data visibility and use for decision making at sites and labs	95% VL Coverage at PEPFAR sites 95% VL suppression at PEPFAR sites TAT < 2 weeks	% VL Coverage at PEPFAR sites % VL suppression at PEPFAR sites TAT	$200,000
Laboratory systems strengthening	Non-Targeted Populations	Facilitate adoption of All-pricing inclusive model for VL and RKT	All-inclusive pricing agreement in place	VL stock-out rates, VL Coverage	$25,000
Laboratory systems strengthening	Non-Targeted Populations	Provide support for VL diagnostics network optimization	DNO report	Updated network	$50,000
Laws, regulations & policy environment	Non-Targeted Populations	Leverage the CLM project to develop and implement a community scorecard approach for increased participation, accountability and transparency between service users, providers and decision makers (MoH) on PEPFAR supported and non PEPFAR supported regions	Community scorecard available and scaled up	Optimized appropriation of the CLM mechanism by all stakeholders using the community scorecard	$20,000
Laws, regulations & policy environment	Non-Targeted Populations	Support the implementation of the national action plan against stigma and discrimination	Decrease of the percent of KPs and PLHIV who experience stigma and discrimination at health facility	Stigma, discrimination and GBV against KP and PLHIV reduced at health facility and community settings	$30,000
Laws, regulations & policy environment	Non-Targeted Populations	Strengthen capacity of stakeholders working for the defense of human rights and the promotion of an enabling environment for key populations and PLHIV (parliamentarians, law enforcers, religious and community leaders, and medias)	Law enforcers, religious and community leaders, and medias are sensitized for enabling environment for KPs and PLHIV	Decrease of the percent of KP and PLHIV victim of police violence	$40,000
Management of Disease Control Programs	Non-Targeted Populations	1. Organize a joint MoH-GF-PEPFAR quarterly supervision at non PEPFAR and PEPFAR sites. 2. Elaboration of a National HIV services QA/QI plan 3. Organize semesterly best practices sharing meetings between PEPFAR and non PEPFAR sites. 4. Use CLM findings to improve access and quality of services to KP and PLHIV	1. Four joint supervisions MoH_PEPFAR_GF are organized in FY24. 2. Country has a national QA/QI plan 3. Two best practices sharing meetings between PEPFAR and non PEPFAR sites are organized in FY24.	Proportion of sites meeting core standards	$80,000

Management of Disease Control Programs	Non-Targeted Populations	Train/refresh/coach service providers on (i) PrEP services and demand creation, (ii) self-testing, (iii) index testing, and (iiii) care & treatment Differentiated Service Delivery to KPs, children, adolescents and youth, and adult men.	% of the DSD approaches coverage by end of FY24	Proportion of site with optimal DSD implementation	$20,000
Procurement & supply chain management	Non-Targeted Populations	Forecasting and Quantifcation workshops	Quantification Report	Forecasting accuracy rate	$100,000
Procurement & supply chain management	Non-Targeted Populations	Coordination and collaboration with HIV Supply Chain stakeholders for effective supply chain coordination technical working group meetings at central level and subnational level (Supply planning and inventory management monitoring)	Joint National HIV commodity supply plan	Well-coordinated and executed supply plan	$200,000
Procurement & supply chain management	Non-Targeted Populations	IM closeout costs	n/a	n/a	$151,571
Procurement & supply chain management	Non-Targeted Populations	Supply chain technical support to31 PEPFAR-supported ART sites and strengthen Inventory management through routine supportive supervision	Improved inventory management in PEPFAR-supported facilities	Supervision scores and Dasboard	$100,000
Procurement & supply chain management	Non-Targeted Populations	Support last mile distribution in the zones with high security challenges (Decentralized Drug Distribution and roll-out of supply chain contingency plan).	HIV commodities supply chain contingency plan	Commodity security in conflict-affected sites	$100,000
Procurement & supply chain management	Non-Targeted Populations	Provide support to PEPFAR-suported ART sites for effective inventory management to allow implementation MMD6 Policy	MMD Coverage Dashboard	MMD6 coverage by ART sites	$100,000
Procurement & supply chain management	Non-Targeted Populations	Technical assistance to the MoH to support end-to-end logistics data visibility and analysis to drive program performance (support the eLMIS rollout: NetSIGL2.0).	eLMIS Report	Improved Data visibility	$150,000
Procurement & supply chain management	Non-Targeted Populations	Support for development logistics management resources (SoPs, job aids and stock management tools) for roll-out of community ARVs distribution	SoPs, job aids and stock management tools developed	% of patients served through Community ARVs distribution model	$175,000
Public financial management strengthening	Non-Targeted Populations	1. Carry out country budget reviews and budget tracking 2. Advocate for increasing domestic resource mobilization	Advocacy made to increase the % of contribution of GoT to the HIV response budget	Contribution of GoT to the HIV response budget % of increase	$10,000

Ghana

Ghana Above site support covers SI support for clinical and prevention services at facility and community levels. Also, attention paid to KP, stigma and discrimination interventions, Media Trainings, PrEP and Self testing. Supply chain forecasting and quantification. Laboratory support for quality management and testing for HIV, Viral load and EID. The Country will report their PASIT investment strategy, addressing the following points:

- Retain Technical Assistance Support for National Laboratory System Strengthening

- Supporting the national program to ensure testing platforms are multiplexed to test EID and VL. CQI/ SLIMPTA/ Accreditations/ LIMS/ HIVDR/ VL Testing scale-up/Bar Code support
- Improve data management and quality system for patient tracking for HIV Testing, Treatment services, Retention and Viral testing and Suppression
- Improve Quality assured testing Lab and facility services on VL/EID test results, EQA/PT and Diagnostic Network CQI
- Training for SI and Lab Team in etracker refresher and Laboratory and Viral load data management system
- Retain Technical Assistance Support for National Laboratory System Strengthening
- Strengthen national and sub-national M&E capacity and systems f
- Coordinate Key Population Health Information Management Systems
- Improve national and sub-national estimates of PLHIV
- Support for national level commodity forecasting and quantification
- Support for national level commodity forecasting and quantification as a follow on to GHSC-PSM
- Support national level coordination to reduce human rights and S&D against PLHIV and KPs
- HIV cost benefit analysis for the National Health Insurance Scheme
- Support to NACP to incorporate mental health services in protocol for HIV service delivery
- Support NACP in providing Quality Assurance in Site visit tools

Ghana ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Military	Improve data management and analysis for good decision making	Data gaps and inconsistencies identified and resolved.	Data quality and storage improved by 80%	$103,165
Health Management Information Systems (HMIS)	Non-Targeted Populations	Coordinate Key Population Health Information Management Systems	Establish quarterly and annual HIV KP program performance review and reporting system, Annual updates of GKPUIS and interoperability with e-Tracker and other treatment data systems. Train and engage with 4 KP implementing partners and partners on use of GKPUIS. Conduct 2 supportive supervisory monitoring on the use of GKPUIS and other HIV data systems. Organize 3 quarterly coordinating and review and feedback meetings for implementing partners and Civil society. Produce 4 quarterly HIV KP program status report	Improved KP HIMS, Improved process and capacity to generate national and sub national PLHIV estimates and Increased use of KP HIMS for KP program improvements	

Health Management Information Systems (HMIS)	Non-Targeted Populations	Improve data management and quality system for patient tracking for HIV Testing, Treatment services, Retention and Viral testing and Suppression	7 E tracker and Viral Load Supervisory monitoring, 50 trained data officers, 1 DQA in 40 facilities, HTC and PMTCT and 2 HIV Treatment, EID and VLDV meeting, DHIMS2 for 60 in 16 regions, 1 program performance review scorecard	90% of facilities with Updated e tracker data, VL sample transportation and testing SOP adherence, analysis for Number on treatment, new initiated, viral load testing and suppressed. Quality of reported data and data elements for Treatment, HTC and PMTCT compare against numbers reported to DHIMS2, data quality challenges and recommend actions for improvement. Half Year Validated Treatment, EID and Viral Load Data in the eTracker and DHIMS2 quality	$216,081
Health Management Information Systems (HMIS)	Non-Targeted Populations	Improve national and sub-national estimates of PLHIV	Train national and regional teams on SPECTRUM, NAOMI, and other size estimation modules, Support national estimates team to generate, analyze, report, and disseminate national and sub-national estimates, Share annually national and sub-national estimates with regional HIV coordinators and M&E focal persons, Establish systems to generate and clean and share disaggregated HIV testing, treatment, and viral load programmatic data for national and sub-national estimates	Improved accuracy and reliability of data for national and sub-national estimates	
Health Management Information Systems (HMIS)	Non-Targeted Populations	Strengthen national and sub-national M&E capacity and systems f	Train 50 health and implementing partner personnel on HIV M&E systems, data collection, analysis tools and applications, undertake 1 annual DQA of KP programs, undertake 1 joint partner/donor/government performance site and institutional level monitoring, 3 Interagency DQR&A meetings, Organize 1 HIV Situation Room Session	Harmonized and streamlined data for use in program improvement. Improved quality and availability of program and research data across the cascade and target population at all levels of program planning, implementation, and evaluation	$160,000
Human resources for health	Military	Strenghen the capacity of Health Workers and supporting service delivery personnel to provide quality military HIV services	Service delivery staff, selected military personnel and family members trained to improve HIV service provision	HIV and AIDS related structures well established in 4 Medical Reception Stations and the Military Hospital to facilitate strong linkages to increase retention on treatment and care	$179,515
Human resources for health	Non-Targeted Populations	Retain Technical Assistance Support for National Laboratory System Strengthning	2 Technical Assitance at Post supporting National Laboratory Strengthning Program for Viral Load and EID Testing	Up to date Viral Load and EID data available in the etracker, 1 HIVDR lab WHO RESNET accredited, 20 staff trained on QMS/SLIPTA/Biosafety and CQI	
Human resources for health	Non-Targeted Populations	Retain Technical Assistance Support for National Laboratory System Strengthening	4 stafff retained for Technical and Program management support	Timely monthly, quarterly programmatic and financial reports	
Laboratory systems strengthening	Non-Targeted Populations	Improved Quality assured testing Lab and facility services on VL/EID test results, EQA/PT and Diagnostic Network CQI	1 DNCQI/DNA stakeholder engagement 1 scope of work developed 2 EQA rounds/2 PT panels produced and distributed 1 DNCQI implementation plan developed Implementing 1 diagnostic network improvement projects in 5 facilities	Routine monitoring and improvement of a diagnostic network's ability to meet demands for and provide timely and accurate diagnostic testing services Network assessment/DNO Implementation of diagnostic network improvement projects. Performance measurement that examines TAT,error rate, PT/EQA,testing coverage,commodities,biosafety and testing capacity. Sample collection training and improved EID results availability. PT Round4/5 achieved	$122,075

Laboratory systems strengthening	Non-Targeted Populations	Support NACP in providing Quality Assurance in Site visit tools	Monitoring supervisory visits	90% Pepfar Region Labs visited	$55,111
Laboratory systems strengthening	Non-Targeted Populations	Supporting the national program to ensure testing platforms are multiplexed to test EID and VL. CQI/ SLIMPTA/ Accreditations/ LIMS/ HIVDR/ VL Testing scale-up/Bar Code support	2 Roche instrumentation integration with LIS/DHIS2 at testing Laboratory with EID capabilities. 2 testing VL labs accredited, 1 QMS training conducted for 30 lab staff, Biosafety training for 30 lab staff, 60% of NCEs closed at HIVDR laboratory	National expansion of Bar Coding supported, Electronic sample reception logbook develped, Update e-tracker with EID requests and results functionality and Integrate analyzer and e-tracker to enable EID requests and results reflect in the e-tracker.	$370,000
Laws, regulations & policy environment	Military	Stigma and Discrimination reduction activities for the military	Stigma and Discrimination in the military reduced through training and other relevant interventions.	The military HIV program implementing and as per the GAF 2022 - 2025 HIV Strategy, Stigma and Discrimination reduced by 80%	$278,070
Laws, regulations & policy environment	Non-Targeted Populations	Anti Stigma Campaign	Training and Proving skits for media players in PEPFAR Region Sites	Touring of 80% OF Media Houses in PEPFAR Focus Region	$40,000
Laws, regulations & policy environment	Non-Targeted Populations	Support national level coordination to reduce human rights and S&D against PLHIV and KPs	No. of HCWs trained in HIV and TB, HR and S&D issues; All HIV community cadres incorporate HR and S&D activities and messaging during outreach programs; Regular quaterly national HR and S&D implementers meetings held; i. No. of leaders sensitized on HIV/TB related S&D and HR violations.	Reduction of incidence of discrimination in health care settings; HCWs respecting the rights to health of MSMs and FSWs	$130,000
Management of Disease Control Programs	Non-Targeted Populations	HIV cost benefit analysis for the National Health Insurance Scheme	Funding gap for HIV services at subnational level identified	Funding available through the NHIS to cover HIV service delivery	$50,000
Management of Disease Control Programs	Non-Targeted Populations	Support to NACP to incorporate mental health services in protocol for HIV service delivery	Menatl health assessment incorporated in national HIV protocols	Menatl health assessment incorporated in national HIV protocols	$50,000
Not Specified	Not Specified				
Procurement & supply chain management	Non-Targeted Populations	Support for national level commodity forecasting and quantification	National commodity quantification and forecasting conducted	Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation and dispensing while maintaining quality	$546,000
Procurement & supply chain management	Non-Targeted Populations	Support for national level commodity forecasting and quantification as a follow on to GHSC-PSM	N/A	Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation and dispensing while maintaining quality	$12,376
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Media Training	Training and Proving skits for media players in PEPFAR Region Sites	Touring of 80% OF Media Houses in PEPFAR Focus Region	$20,000
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Training for SI and Lab Team	2 Technical Staff attend training or conference on Health information management	Improved skills in Managing Etacker and DHIMS 2, National and Sub National Estimates, PEPFAR Collaboration and QMS	

Liberia

In FY22 PEPFAR supported an assessment of performance across 16 PEPFAR Minimum Program Requirements (MPRs), referred to in ROP23 as Core Standards. The assessment was national in scope and included both PEPFAR supported and non-PEPFAR supported sites. In some cases, such as the TLD/DTG transition, results were good overall. For many others, PEPFAR-supported sites had high compliance while non-PEPFAR-supported sites had relatively low levels of compliance. Examples include same day initiation and differentiated service delivery. For the Core Standard related to user fees for HIV services, national results suggest 100% compliance, but most suspect these results may require a more discrete assessment approach. The assessment report has been widely accepted by NAC, NACP, UNAIDS, and Global Fund, and these stakeholders are currently discussing how to address deficiencies through ROP23 and GC7. The PEPFAR interagency team envisions a set of modules and tools to be used for training and for monitoring by NACP and the CCM Oversight Committee, both of which conduct site visits. PEPFAR might also provide additional support to ensure site visits occur consistently and with appropriate follow-up. This approach appears to be well-suited for most of the Core Standards, and PEPFAR is placing greater emphasis on those associated with 95-95-95 and priority populations.

- Other key gaps identified and proposed above site and systems investments include:
- Support to the Liberia Coordinating Mechanism (LCM) to strengthen oversight and GFATM grant performance
- Provide support to NACP for M&E, data analysis, DQA, etc., capacity, operations, and logistics.
- Support national guidelines and SOP revision and updates in line with WHO mandates/guidelines
- Support quarterly HIV Data reviews
- Support human rights, stigma & discrimination, and advocacy interventions
- Provide national-level DHIS2 E-Tracker support to the MOH and facilitate central-level management and oversight
- Fund the MPR/Core Standards assessment gap mitigation plan in collaboration with the GFATM

Liberia ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Non-Targeted Populations	TA to support the Ministry of Health for development of DHIS2 e- tracker	Set up dhis2 e-tracker at national level	e-tracker set up at central level	$300,000
Laws, regulations & policy environment	Military	S&D code of conduct development;	Development of S&D code of conduct	Development of S&D code of conduct	$50,000
Management of Disease Control Programs	Non-Targeted Populations	PEPFAR has been supporting under-resourced CCM	Better monitoring of non-PEPFAR sites	Improved oversight of GF program	$120,185

Procurement & supply chain management	Non-Targeted Populations	Provision of supply chain TA	Functional HIV supply chain system in place.	Efficient HIV supply chain system	$291,407

Mali

Country team will report on their PASIT investment strategy, addressing the following points:

- Monitor and organize nationwide supply chain system that sustain TLD transition and constant availability of drugs and other key HIV commodities
- Support IBBSS and programmatic mapping activities among KPs
- Support national e-Tracker scaling up (data collection tools, data analysis, and use data for program monitoring and reporting (support for national e-Tracker implementation)
- Conduct supportive supervision visits and include CQI in all work plans
- Support meetings of the TGW for data quality
- Refresh technical staff on data quality and DHIS2
- Increase access to high quality viral load testing to reach at least 95% coverage and
- Improve patient understanding of the impact of suppressed viral load
- Support Lab technical working group
- Train government partners, lawyers and security forces on KP program, GBV, sensitive to gender and domestic resource mobilization.
- Support the communication plan of the new national HIV framework (CSN2022-2026), spectrum production and national HIV budget
- Review and dissemination of national guidelines of KP and PrEP
- Improve implementation of quality differentiated care services, including MMD for six months and DDD
- Disseminate national testing policies (that include index-testing and self-testing) to all levels of the health system and advocate policies implementation nationwide

Mali ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Non-Targeted Populations	Conduct supportive supervision visits and include CQI in all work plans Support meetings of the TGW for data quality Refresh technical staff on data quality and DHIS2	Supportive supervision visits are conducted, peer navigation quality monitored, and report submitted. CQI is included in all work plans and policies	Supportive supervision visits are conducted, peer navigation quality monitored and report submitted. CQI is included in all work plans and policies	$184,000
Laboratory systems strengthening	Non-Targeted Populations	Increase access to high quality viral load testing to reach at least 95% coverage and Improve patient understanding of the impact of suppressed viral load Support Lab technical working group	VLC95% and VLS95% Lab management team holding regular meeting	VLC95% and VLS95% Lab management team holding regular meeting	$248,000

Management of Disease Control Programs	Non-Targeted Populations	Review and dissemination of national guidelines of KP and PrEP Improve implementation of quality differentiated care services, including MMD for six months and DDD Disseminate national testing policies (that include index-testing and self-testing) to all levels of the health system and advocate policies implementation nationwide	National testing policy, PrEP protocol and KP referential reviewed and disseminated	National testing policy, PrEP protocol and KP referential reviewed and disseminated	$200,000
Management of Disease Control Programs	Non-Targeted Populations	Train government partners, lawyers and securrity forces on KP program, GBV, budgetization sensitive to gender and domestic resource mobilization. Support the communication plan of the new national HIV framework (CSN2022-2026), spectrum production and national HIV budget	Partners trained and well informed on the KP program. The new national HIV framework communication plan available and disseminated	Partners trained and well informed on the KP program. The new national HIV framework communication plan available and disseminated	$731,921
Procurement & supply chain management	Non-Targeted Populations	Monitor and organize nationwide supply chain system that sustain TLD transition and constant availability of drugs and other key HIV commodities	Less that 10% of stock out	Better management of supply chain system that sustains TLD transition and constant availability of drugs and other key HIV commodities	$279,000
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	Support IBBSS and programmatic mapping activities among KPs Support for national e-Tracker implementation (data collection tools, analyze, and use data for program monitoring and reporting. (Support for national e-Tracker implementation)	Support IBBSS and KP size estimation Tools in place to collect, analyze, and use data for program monitoring and reporting. (Support for national e-Tracker implementation)	Support IBBSS and KP size estimation Tools in place to collect, analyze, and use data for program monitoring and reporting. (Support for national e-Tracker implementation)	$250,000

Senegal

Country team will report on their PASIT investment strategy, addressing the following points:

- Establishment of reminder system for VL eligibility (SMS or Phone Call), support for transportation fees, and advocacy for blood sample collection such as DBS or PSC
- Development of LMIS (Lab Monitoring Information System), digital solution to improve result return and reinforcement of laboratory network functionality with MOH and DLSI
- Laboratory system strengthening through Lab Information Management, and quality management systems, improved testing Capacity and external quality assurance program.
- Data collection, management, and quality assurance activities will include addressing system deficiencies related to data quality, ensuring availability of data, improving the E-Tracker, and standardizing data collection tools.
- Improve data management and quality system for E-Tracker for HIV Testing, Treatment services, Retention and Viral testing and Suppression.
- Develop Unique Identifier for E-Tracker including User acceptability and usage.
- Situational Room Discussion of Data Visualization and policy and programmatic shifts.

Senegal ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Military	Continue support the Data Quality Management Program.	Timeliness and completeness of data reporting	Quarterly data reports	$20,000
Health Management Information Systems (HMIS)	Non-Targeted Populations	Data collection, management, and quality assurance activities will include addressing system deficiencies related to data quality, ensuring availability of data, improving the eTracker, and standardizing data collection tools.	Standardization of data collection tools		$90,620
Health Management Information Systems (HMIS)	Non-Targeted Populations	Improve data management and quality system for patient tracking for HIV Testing, Treatment services, Retention and Viral testing and Suppression	Etracker rolled out in all ART Facilities with semiannual validation meeting and monitoring cvists and 150 data staff trained in its use, data analysis and M&E skills.	Improved quality, completeness and timeliness data reporting, Validated Treatment, EID and Viral Load Data in the eTracker and DHIS2 with UIC for cascade monitoring. Data quality assurance and recommend actions to improve data quality and program performance	$225,000
Health Management Information Systems (HMIS)	Non-Targeted Populations	The National AIDS Council (CNLS) will collaborate with research institutions to guide HIV interventions in Senegal and promote innovations for improved equity and quality of care, supporting long-term sustainability.			$100,000
Human resources for health	Non-Targeted Populations	Data Quality Improvement	# health providers in PEPFAR sites are trained on how to use the functions of the eTracker	All health providers in PEPFAR sites (and beyond) are trained in the functionality and use of the eTracker	$135,930
Human resources for health	Non-Targeted Populations	Training of field staff on data analysis and abstract development. Also support DLSI in manuscript writing	# of abstracts produced and accepted for scientific symposiums		$362,386
Laboratory systems strengthening	Non-Targeted Populations	Development of LMIS (Lab Monitoring Information System), digital solution to improve result return and reinforcement of laboratory network functionality with MOH and DLSI	Functional LMIS platform		$100,788
Laboratory systems strengthening	Non-Targeted Populations	Establishment of reminder system for VL eligibility (SMS or Phone Call), support for transportation fees, and advocacy for blood sample collection such as DBS or PSC	Stable viral load testing coverage (% achievement for 3rd 95)		$48,000
Laboratory systems strengthening	Non-Targeted Populations	Laboratory system strengthening through Lab Information Management, and quality management systems, improved testing Capacity and external quality assurance program.	2 regional laboratories accredited, EQA program established, LIMS System established, TAT of VL test less than 7 days, Continuous quality improvement of lab networks done	2 Regional hospital laboratories recognized at international level, short viral load turnaround time, high quality assurance, efficient laboratory network	$200,000
Laboratory systems strengthening	Non-Targeted Populations		# of abstracts produced and accepted for scientific symposiums		$45,310
Procurement & supply chain management	Non-Targeted Populations	Procurement of viral load reagents and HIV commodities	# of stock outs for viral load reagents (full availability of viral load reagents to support viral load testing)		$45,310
Procurement & supply chain management	Non-Targeted Populations				$350,000

Sierra Leone

Country teams will report on their PASIT investment strategy, addressing the following points

- Roll out Harmonized National Indicators for aggregated and longitudinal data and Train district and Facility level M&E Officers on the Updated Patient Tracker and DHIS2.
- Develop testing module in patient tracker.
- Develop Monitoring and Evaluation Site level Monitoring tools and Check list for Health Information Management and Laboratory system
- Capacity Building for NACP to manage Patient Tracker and DHIS2,
- Train District HIV Focal and District M&E Officers in M&E, Data Analysis and Tools,
- Data Validation, Visualization and Excel, Train SI Team to manage and implement the Patient Tracker and DHIS2
- Annual Data Quality Assessment, Quarterly Situation Room Meeting and SI Technical Working Group
- Expand LIMS, Maintenance Enhancement; Integrate, maintain and link analyzer/Patient-tracker/LIS functionalities
- VL Lab equipment to be calibrated to meet QMS and accreditation standards, EQA/PT
- Pilot bar coding with printed labels with Bar code scanners in 10 facilities-High, Medium, and Low burden HIV Sites, establish a VL scale up plan
- Expand and strengthen Hub and Spokes integrated sample transport system to cover all PEPFAR sites

Sierra Leone ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Non-Targeted Populations	Capacity Building for NACP to manage Patient Tracker and DHIS2, Train District HIV Focal and District M&E Officers in M&E, Data Analysis and Tools, Data Validation, Visualization and Excel, Train SI Team to manage and implement the Patient Tracker and DHIS2	50 NACP staff, District HIV Focal and District M&E Officers trained in M&E, Data Analysis and Tools, Data Validation, Visualization and Excel	NACP staff, District HIV Focal and District M&E Officers with capacity to enter patient data, retrieve data and keep updated etraker and conduct base on analysis for Number on treatment, new initiated, viral load testing and suppressed, and overdue appointments. Provide data at District and National level for cascade and program performance monitoring	$31,600
Health Management Information Systems (HMIS)	Non-Targeted Populations	Improved data quality			$255,914
Health Management Information Systems (HMIS)	Non-Targeted Populations	TA for the Development of testing module in patient tracker. Develop Monitoring and Evaluation Site level Monitoring tools and Check list for Health Information Management and Laboratory system	HIV Testing module integrated into the Patient Tracker and Site and Above site level monitoring toos and check list developed	National Level Capacity and Tools for effectiveness data quality management systems and its processes and generating Data for program performance and cascade monitoring	$65,874

Laboratory systems strengthening	Non-Targeted Populations	Annual Data Quality Assessment, Quarterly Situation Room Meeting and SI Technical Working Group	Annual Patient Tracker and DHIS2 Data Quality Assessment undertaken in selected faculties, 2 situational Room Meetings held	Quality of reported data and data elements for Treatment, HTC and PMTCT at the facility level and compare against numbers reported to DHIS2 and Patient tracker assessed and data quality challenges, including any systematic problems with applied indicator definitions and data recording described and recommend actions to improve data quality	$32,600
Laboratory systems strengthening	Non-Targeted Populations	Expand and strengthen Hub and Spokes integrated sample transport system to cover all PEPFAR sites	Establish functional integrated sample ref system (first with TB and HIV) samples in Port Lokko, Western Urban and Western rural areas		
Laboratory systems strengthening	Non-Targeted Populations	Expand LIMS, Maintenance Enhancement; Integrate, maintain and link analyzer/Patient-tracker/LIS functionalities	1 Roche instrumentation integration with LIS/DHIS2 at CPHRL/CHAMPS testing Laboratory	Lab infrastructure and technical capacity strengthened to facilitate optimization of VL/EID diagnostics and viral load literacy. Digitalize sample reception book at lab	$162,989
Laboratory systems strengthening	Non-Targeted Populations	Pilot bar coding with printed labels with Bar code scanners in 10 facilities-High, Medium and Low burden HIV Sites, establish a VL scale up plan	10 ART Sites implementing bar codes,1 VL Scale up plan developed, 30 staff trained on Bar code usage. 1 stakeholder engagement on bar code	1 assessment completed and a list of next steps to establish barcoding in the e-tracker 1 Stakeholder meeting with barcode application chosen for implementation Patient tracker can read and store barcodes 2 laboratory sites 1 training module developed for 50 staff 1 pilot conducted 1 report of findings from pilot on barcoding 1 VL Scale Up Plan developed	
Laboratory systems strengthening	Non-Targeted Populations	TA Annual Data Quality Assessment, Quarterly Situation Room Meeting and SI Technical Working Group	Tools, Protocols developed for DQA and Situation room meetings.	Institutionalization of DQA for Treatment, HTS and PMTCT and establish forum to discuss and validate half and annual reported by program managers	$31,034
Laboratory systems strengthening	Non-Targeted Populations	VL Lab equipment to be calibrated to meet QMS and accreditation standards/PT	5 Instruments calibrated to meet accreditation standards. Rd3 PT panel preparation, EQA	Equipment optimally calibrated through a robust QMS practice to meet ISO Standards, Rd 3/4 PT panels prepared, distributed and testers in country trained	
Laws, regulations & policy environment	Non-Targeted Populations	CLM	Reduced stigma and improved quality across National program		$125,000
Laws, regulations & policy environment	Non-Targeted Populations	Roll out Harmonized National Indicators for aggregated and longitudinal data and Train district and Facility level M&E Officers on the Updated Patient Tracker and DHIS2. Develop testing module in patient tracker. Develop Monitoring and Evaluation Site level Monitoring tools and Check list for Health Information Management and Laboratory system	50 HCW trained and District focal and data management officer trained in Use of Updated Patient Tracker and DHIS2 SOP. Roll Out of SOP in 40 PEPFAR Operational Sites. Paper and electronic Monitoring Tool and Check list developed, Patient tracker and Laboratory Monitoring Report	Improvement of the effectiveness of the data quality management systems and its processes, Stakeholder ownership of the program. Data availability for program performance and cascade monitoring	$85,800
Laws, regulations & policy environment	Non-Targeted Populations	Salaries and Benefits, Supervisions & Monitoring, NIGRA	Monthly, quarter technical and financial reportd	Staff available, Quarter Reports, Quarter calls	

Laws, regulations & policy environment	Non-Targeted Populations	TA for Capacity Building for NACP to manage Patient Tracker and DHIS2, Train District HIV Focal and District M&E Officers in M&E, Data Analysis and Tools, Data Validation, Visualization and Excel, Train SI Team to manage and implement the Patient Tracker and DHIS2	Training Curriculum and Training Slides developed for M&E, Data Analysis and Visualization Training	Institutionalized training curricula and capacity for data entering data retrieval and visualization. Data available for cascade and program performance monitoring	$30,081
Procurement & supply chain management	Non-Targeted Populations	Various activities to achieve sustainable high performance	Commodities availability at services delivery points	Improved stokout rate; MMD6 uptake; logistics data completion rate	$200,000

Togo

Togo above site activities aims to strengthen the following program areas: (i) Health Management Information Systems (HMIS), (ii) Management of disease control programs, (iii) Procurement & supply chain management, (iv) Laboratory systems strengthening, and (v) Laws, regulations & policy environment. Country team will report on their PASIT investment strategy, addressing the following points:

- Conduct a root causes analysis of continuity of treatment challenges for priority populations (children, KPs,)
- Provide TA to the MoH for effective NATIONAL e-tracker scale up and use, data quality improvement, and data use for decision making at all sites.
- Support the NACP in periodical cleaning and analyzing national annual program data.
- Support the interoperability of national Tracker, ENDOS (DHIS2), eLMIS and LIMS.
- Strengthen local CSO/KP/PLHIV-led Associations capacity (governance, financial management, technical, and advocacy) to receive direct funding from donors.
- Strengthen PEPFAR best practices scale-up by MoH and the GF
- Elaboration of a National HIV services QA/QI plan
- Conduct MoH-GF-PEPFAR joint quarterly supervisions at non PEPFAR and PEPFAR sites.
- Organize semesterly best practices sharing meetings between PEPFAR and non PEPFAR sites.
- Forecasting and Supply planning assistance in support to continuum of HIV services, HIV self-tests, optimized ART regimens, PrEP commodities, STIs drugs, MMD6 scale-up and VL coverage and VL suppression.
- Support decentralized drug distribution of ARVs-- Community ARVs Distribution
- Alignment with national supply chain strengthening Strategy – National Supply Chain Assessment (NSCA)

- TA to improve operational capacities of 4 regional warehouses in 4 health regions hosting PEPFAR-supported sites.
- Strengthening the subnational level of the health systems, including last mile logistics.
- Support for design and roll-out of community HIV commodities distribution system
- Institutional support and capacity building of central medical stores (CAMEG) to increase efficiency of its operations.
- Revamp the regional commodities management committees and organize quarterly meetings of the 6 Regional Committees
- Facilitate adoption of All-inclusive pricing model for viral load and EID reagents.
- Strengthening Logistics aspect of Lab Management Information systems
- Strengthen eLab Information System
- Support remaining PEPFAR supported VL Lab to be included in the lab accreditation system.
- Organize quarterly coordination meeting with VL stakeholders to early identify issues and provide corrective actions.
- Support national semestrial supervision of VL labs.
- Strengthen the sample referral network of IED and VL samples.
- Support External Quality Assurance (EQA) for VL and EID results.
- Support HIV efficiency testing.
- Support the implementation of a national human rights plan related to HIV and TB
- Refresh/sensitize health workers including CHW on stigma and discrimination free services and prevention and care of GBV using 2021 stigma index 2.0 results.
- Leverage the CLM project to develop and implement a community scorecard approach for increased participation, accountability and transparency between service users, providers and decision makers (MoH) on PEPFAR supported and non PEPFAR supported regions.
- Support community-led efforts to analyze criminal and other harmful laws, policies, and practices that hinder an effective HIV response.

Togo ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Non-Targeted Populations	1. Provide TA to the MoH for effective NATIONAL e-tracker scale up and use, data quality improvement, and data use for decision making at all sites. 2. Support the NACP in periodical cleaning and analyzing national annual program data 3. Support the interoperability of national Tracker, ENDOS (DHIS2), eLMIS and LIMS	1. National E-Tracker scaled up and functional at 100% of country's facilities 2. PEPFAR supported facilities data are aligned in national HIV program data 3. National E-tracker data feed directly into the eTracker (DHIS2) and is interoperable with the LIMS at PEPFAR	Optimized data management system for effective data-driven decision making	$217,250

			supported sites; with an scale up plan for national level		
Health Management Information Systems (HMIS)	Non-Targeted Populations	Conduct a root causes analysis of continuity of treatment challenges for priority populations (children, KPs,)	Decrease of IIT rate at all facilities to under 3% after addressing identified root causes	Decrease of number of death due to AIDS	$40,000
Laboratory systems strengthening	Non-Targeted Populations	1. Organize quarterly coordination meeting with VL stakeholders to early identify issues and provide corrective actions 2. Support national semestrial supervision of VL labs	Quarterly VL stakeholders' meetings are organized	VLC >= 95%	$70,000
Laboratory systems strengthening	Non-Targeted Populations	1. Support External Quality Assurance (EQA) for VL and EID results 2. Support HIV efficency testing	100% of PEPFAR supported lab participated in an EQA exercise	At least 90% of PEPFAR supported labs have satisfactory EQA VL results	$25,000
Laboratory systems strengthening	Non-Targeted Populations	Facilitate adoption of All-inclusive pricing model for viral load and EID reagents.	All-inclusive pricing agreement signed between MoH and Manufacturers	VL coverage; VL stock-out rates	$37,204
Laboratory systems strengthening	Non-Targeted Populations	Strengthen eLab Information System	Tracing of lab specimen is effective	VLC >= 95%	$200,000
Laboratory systems strengthening	Non-Targeted Populations	Strengthen the sample referral network of IED and VL samples	Functional integrated samples transportation is in place	VLC >= 95%	$32,500
Laboratory systems strengthening	Non-Targeted Populations	Strengthening Logistics aspect of Lab Management Information systems	eLMIS Report	Improved Data visibility	$100,000
Laboratory systems strengthening	Non-Targeted Populations	Support remaining PEPFAR supported VL Lab to be included in the lab accreditation system	100% of PEPFAR supported lab started the accreditation process	100% of PEPFAR supported lab are accredited	$40,000
Laws, regulations & policy environment	Key Populations	Support community-led efforts to analyze criminal and other harmful laws, policies, and practices that hinder an effective HIV response.	Analysis of harmful laws, policies, and practices that hinder effective HIV response done	Enabling environment for KPs and PLHIV	$80,000
Laws, regulations & policy environment	Non-Targeted Populations	1- Support the implementation of a national human rights plan related to HIV and TB 2. Refresh/sensitize health workers including CHW on stigma and discrimination free services and prevention and care of GBV using 2021 stigma index 2.0 results	At least 250 health workers, law enforcement officers, religious and customary authorities for an improvement of the social environment in favor of the KP and PLHIV	Improved access to HIV services to KPs and PLHIV	$10,000
Laws, regulations & policy environment	Non-Targeted Populations	Leverage the CLM project to develop and implement a community scorecard approach for increased participation, accountability and transparency between service users, providers and decision makers (MoH) on PEPFAR supported and non PEPFAR supported regions	Community scorecard available and scaled up	Improved access to HIV services to KPs and PLHIV	$20,000
Management of Disease Control Programs	Key Populations	Develop capacity of KP networks/associations on leadership, advocacy, governance, and people-centered program design and management	5 KP-led associations have strengthened their capacities in leadership, advocacy, governance, and people-centered program design and management	More KP-led Associations as prime recipients	$100,000

Management of Disease Control Programs	Non-Targeted Populations	1. Strengthen PEPFAR best practices scale-up by MoH and the GF 2. Elaboration of a National HIV services QA/QI plan 3. Conduct MoH-GF-PEPFAR joint quarterly supervisions at non PEPFAR and PEPFAR sites 4. Organize semesterly best practices sharing meetings between PEPFAR and non PEPFAR sites	'- 04 joint PEPFAR-MoH-GF quarterly supervision are organized by year - Country has a national QA/QI plan - 02 semestrial best practices sharing meetings are organized with PEPFAR and non-PEPFAR supported sites, MoH, and other stakeholders	Improved quality of HIV services	$110,250
Management of Disease Control Programs	Non-Targeted Populations	Strengthen local CSO/KP/PLHIV-led Associations capacity (governance, financial management, technical, and advocacy) to receive direct funding from donors (Baseline assessment, capacity building plan development and implementation)	1. Baseline assessment of CSOs capacity is done 2. Each supported CSOs has a tailored organizational capacity development plan 3. Implementation of the tailored organizational capacity building plan started in at least 03 supported CSOs	Increase of % of PEPFAR budget allocated directly to local partners	$220,000
Procurement & supply chain management	Non-Targeted Populations	Activity Closeout cost	n/a	n/a	$64,736
Procurement & supply chain management	Non-Targeted Populations	Alignment with national supply chain strengthening Strategy – National Supply Chain Assessment (NSCA)	NSCA Report	SC Maturity Scorecard	$30,000
Procurement & supply chain management	Non-Targeted Populations	Forecasting and Supply planning assistance in support to continuum of HIV services, HIV self-tests, optimized ART regimens, PrEP commodities, STIs drugs, MMD6 scale-up and VL coverage and VL suppression.	Quantification report	Forecasting accuracy rate	$53,767
Procurement & supply chain management	Non-Targeted Populations	Institutional support and capacity building of central medical stores (CAMEG) to increase efficiency of its operations.	CAMEG multi-year strategic plan	Improved operational efficiencies	$300,000
Procurement & supply chain management	Non-Targeted Populations	Revamp the regional commodities management committees and organize quarterly meetings of the 6 Regional Committees	Assessment Report	Improved invetory management	$100,000
Procurement & supply chain management	Non-Targeted Populations	Strengthening the subnational level of the health systems, including last mile logistics.	Resilient and agile supply chain	Stock-out rates	$400,000
Procurement & supply chain management	Non-Targeted Populations	Support decentralized drug distribution of ARVs- - Community ARVs Distribution	Losgistics Tool for Community ART distribution	Proportion of clients receiving ARVs through the Community distribution model	$150,000
Procurement & supply chain management	Non-Targeted Populations	Support for design and roll-out of community HIV commodities distribution system	SoPs, job aids and stock management tools developed	% of patients served through Community ARVs distribution model	$100,000
Procurement & supply chain management	Non-Targeted Populations	TA to improve operational capacities of 4 regional warehouse in 4 health regions hosting PEPFAR-supported sites	Improved Inventory management	Stock-our rates	$250,000
Public financial management strengthening	Non-Targeted Populations	1. Strengthen capacity of supporting local CSO on domestic resource mobilization 2. Track the gov financial commitment related to the HIV response	The 03 supported local CSOs have a ressource mobilization plan Advocacy are made for the increase of domestic resources for HIV response	Domestic resources for HIV response increased	$30,000
Public financial management strengthening	Non-Targeted	Provide support to ddevelopand implement advocacy plan for sustainability of HIV financing	HIV Sustainability Report	% of Govt funding for HIV	$100,000

	Populations				

West Africa Regional

West Africa Regional above site activities aim to strengthen the following program areas: (I) Health Management Information Systems (HMIS), (ii) Management of disease control programs, (iii) Procurement & supply chain management, and (iv) Laws, regulations & policy environment. The regional team will report on their PASIT investment strategy, addressing the following points:

- Provide regional technical assistance to strengthen HIV case finding among CALHIV and Advanced HIV Disease diagnosis and treatment
- Develop country specific dashboard for MOH stakeholder to visualize national program results
- Advance regional learning exchanges and best practices sharing among West Africa CSOs/CBOs, especially regional CLM communities of practice
- Support the annual regional coordination meeting organized by WAHO to take stock of the implementation of West Africa KP strategy 2020-2025 and progress toward the achievement of the 95-95-95 targets and 10-10-10 societal enabler targets in the 15 ECOWAS Member States
- Provide support to design and implement a WAHO-led supply chain data visibility and analytics to inform decision making at the regional level
- Support to WAHO to strengthen regulatory capacity in order to support procurement from regional manufacturers.
- Provide support to WAHO to track implementation of HIV policies and development policies implementation scorecards

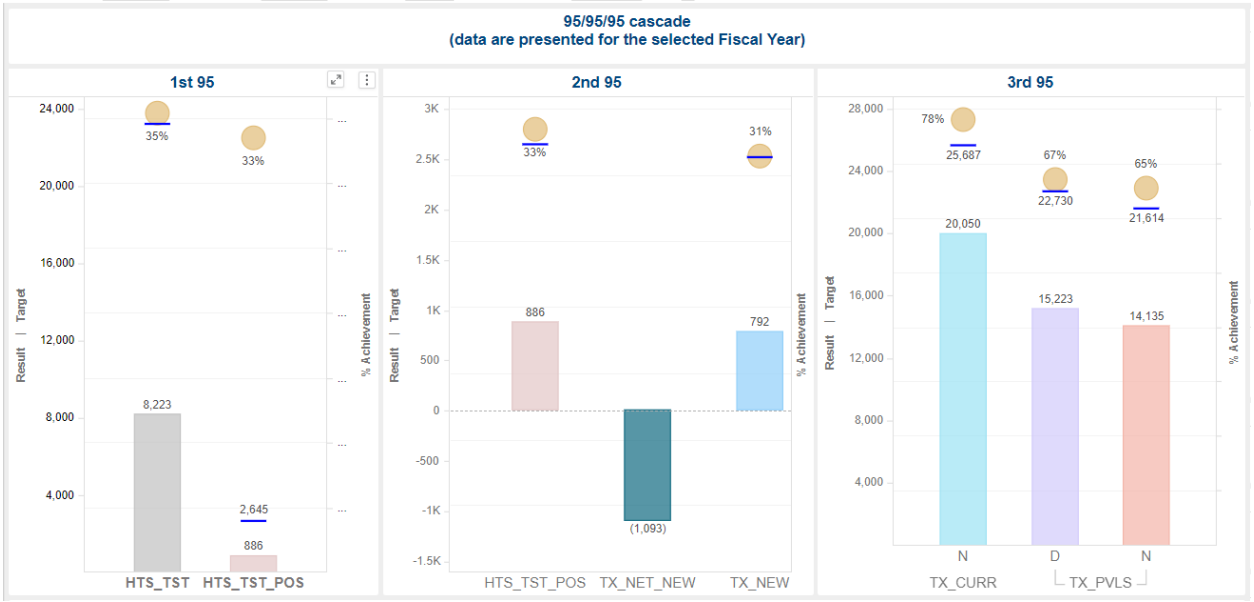
West Africa Regional ROP23/FY24 PASIT

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Expected Outcome from Activity	Activity Budget
Health Management Information Systems (HMIS)	Non-Targeted Populations	Develop country specific dashboard for MOH stakeholder to visualize national program results	08 Country specific dashboards available / MOH representative are trained on its use and development	Dashboard is use for country CQI activities	$114,900
Laws, regulations & policy environment	Non-Targeted Populations	Provide support to WAHO to track implementation of HIV policies and development policy implementation scorecards	Support WAHO to Assess HIV policy environment and Policy implementation in the 15 HIV regions	Policy Assessment report; Advocacy plan; HIV policy best practices forum held	$150,000
Laws, regulations & policy environment	Non-Targeted Populations	Support to WAHO to strengthen regulatory capacity in order to support procurement from regional manufacturers.	Assessment Report for Regulatory agency	# of regulatory Agency Assessed	$53,333

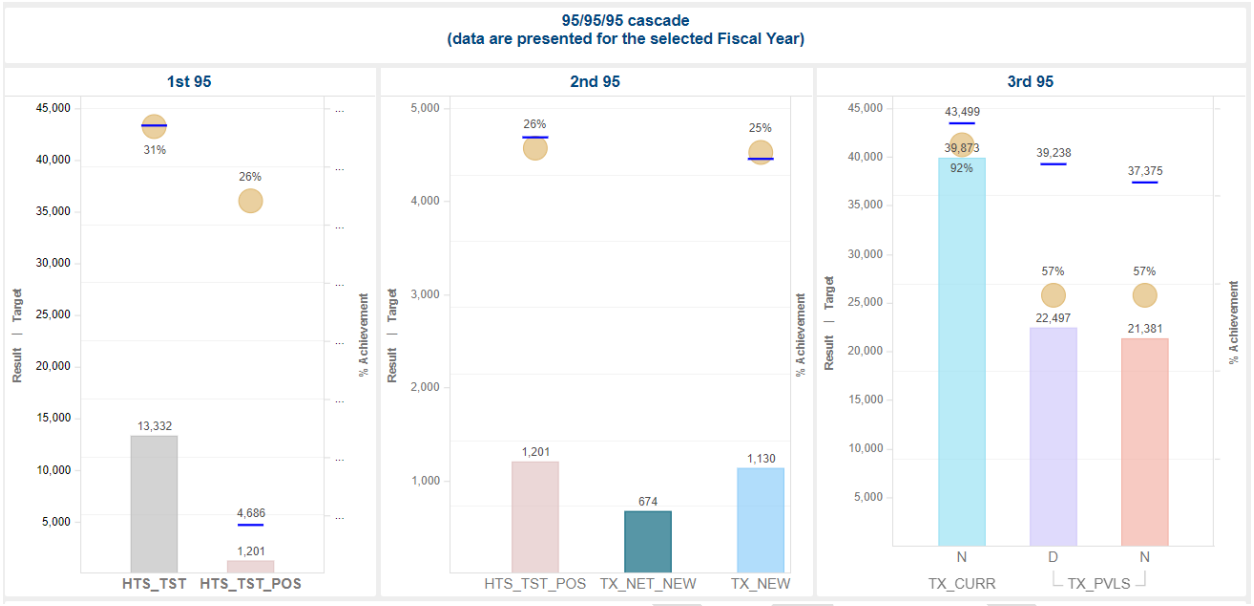
Management of Disease Control Programs	Non-Targeted Populations	Advance regional learning exchanges and best practices sharing among West Africa CSOs/CBOs, especially regional CLM communities of practice	A functional West Africa Community of Practice (CoP) of community-led monitoring established At least one regional CBOs' best practices sharing forum organized annually	CLM activities quality are improved	$80,000
Management of Disease Control Programs	Non-Targeted Populations	Provide regional technical assistance to strengthen HIV case finding among CALHIV and Advanced HIV Disease diagnosis and treatment	02 virtual training and best practices sharing organized on differentiated HIV testing among children and Adolescents 02 virtual training and best practices sharing organized on AHD diagnostic and treatment	Increase of the 1er 95 among CALHIV Number of deaths related to AHD decreased at PEPFAR sites	$200,000
Management of Disease Control Programs	Non-Targeted Populations	Support the annual regional coordination meeting organized by WAHO to take stock of the implementation of West Africa KP strategy 2020-2025 and progress toward the achievement of the 95-95-95 targets and 10-10-10 societal enabler targets in the 15 ECOWAS Member States	01 regional coordination and HIV best practices sharing is organized for the 15 ECOWAS NACP	Increase of HIV best practices sharing among ECOWAS Member States	$90,000
Procurement & supply chain management	Non-Targeted Populations	Provide support to design and implement a WAHO-led supply chain data visibility and analytics to inform decision making at the regional level	SC Data viability Dashboard	Tracker completion rate	$46,667

APPENDIX D **Overview of 95/95/95 Cascade, FY23**

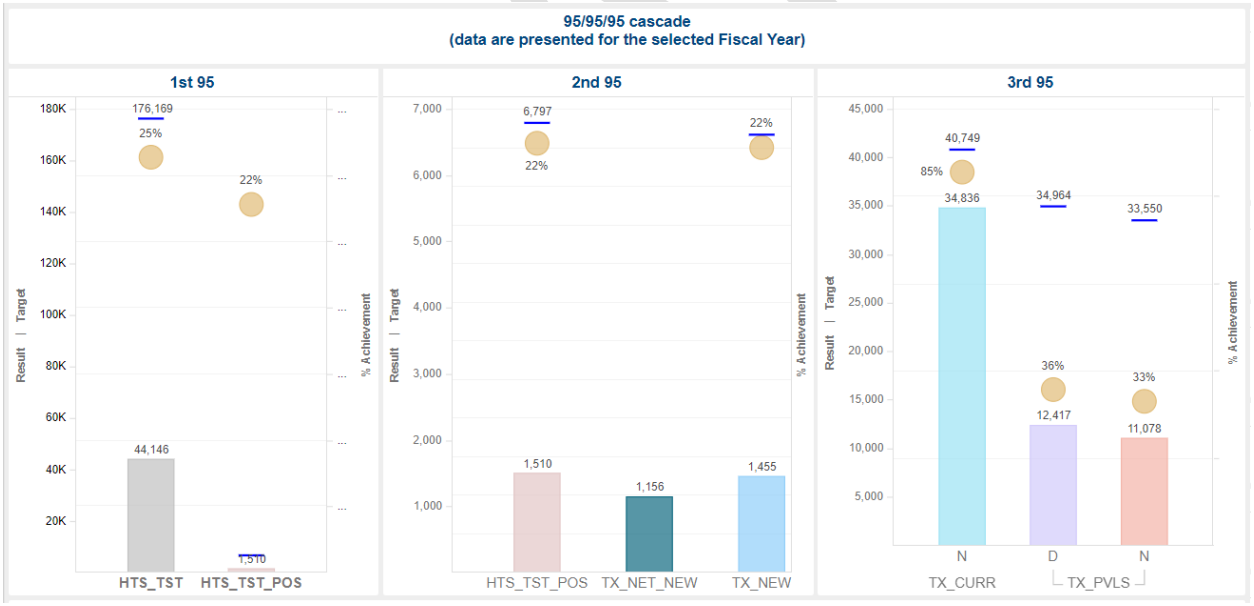
Benin



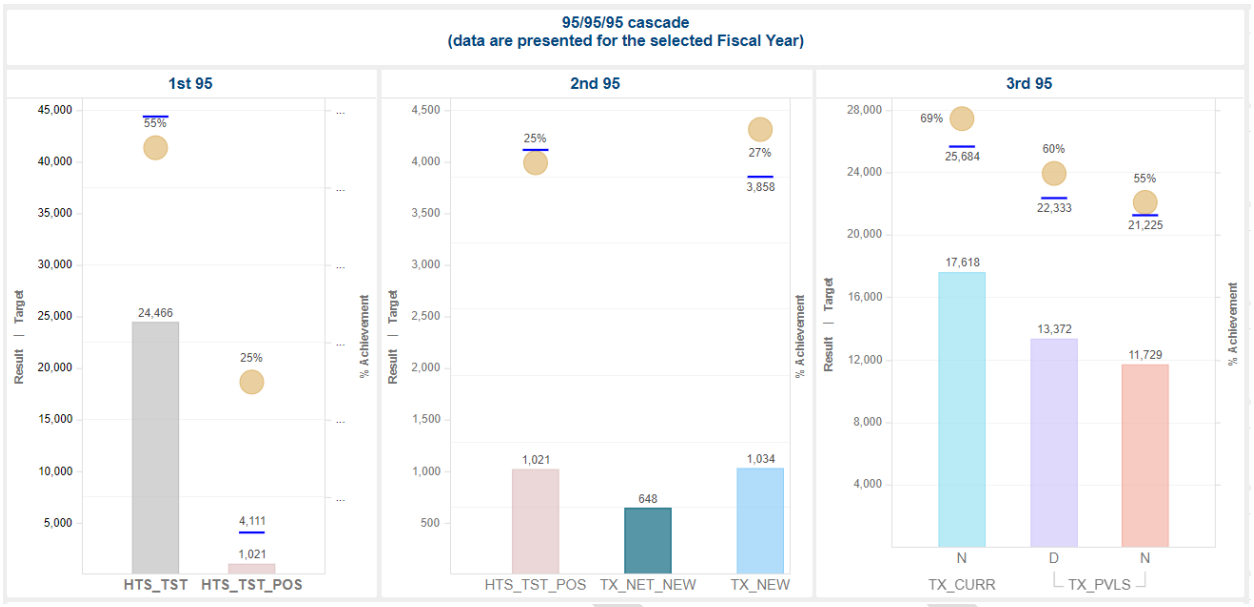
Burkina Faso



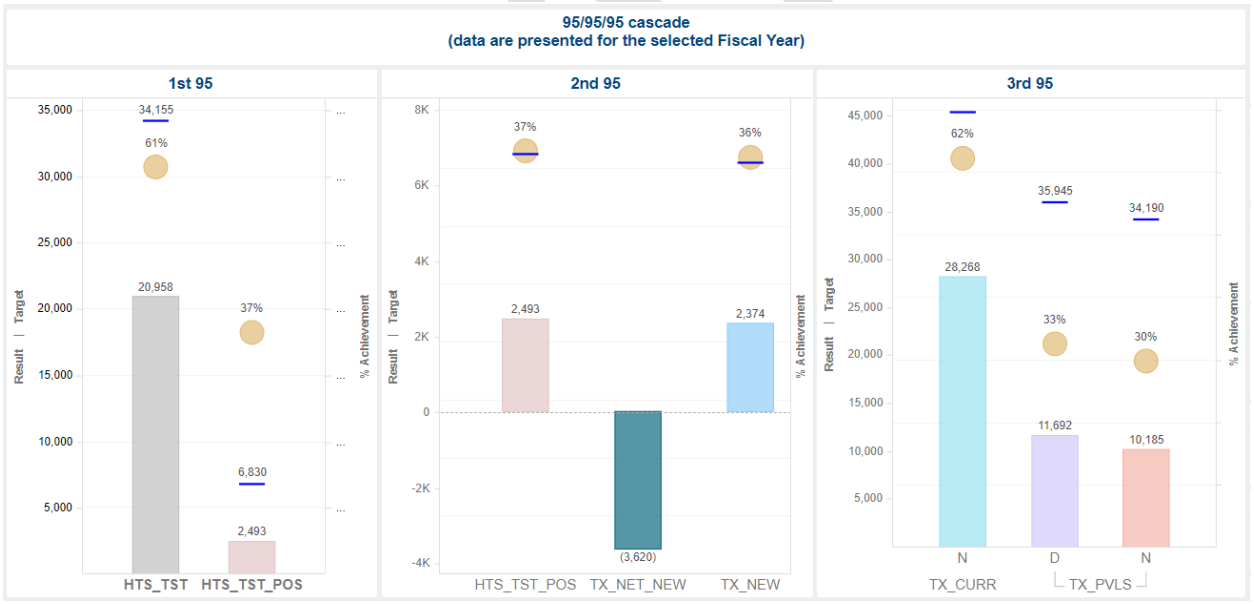
Ghana



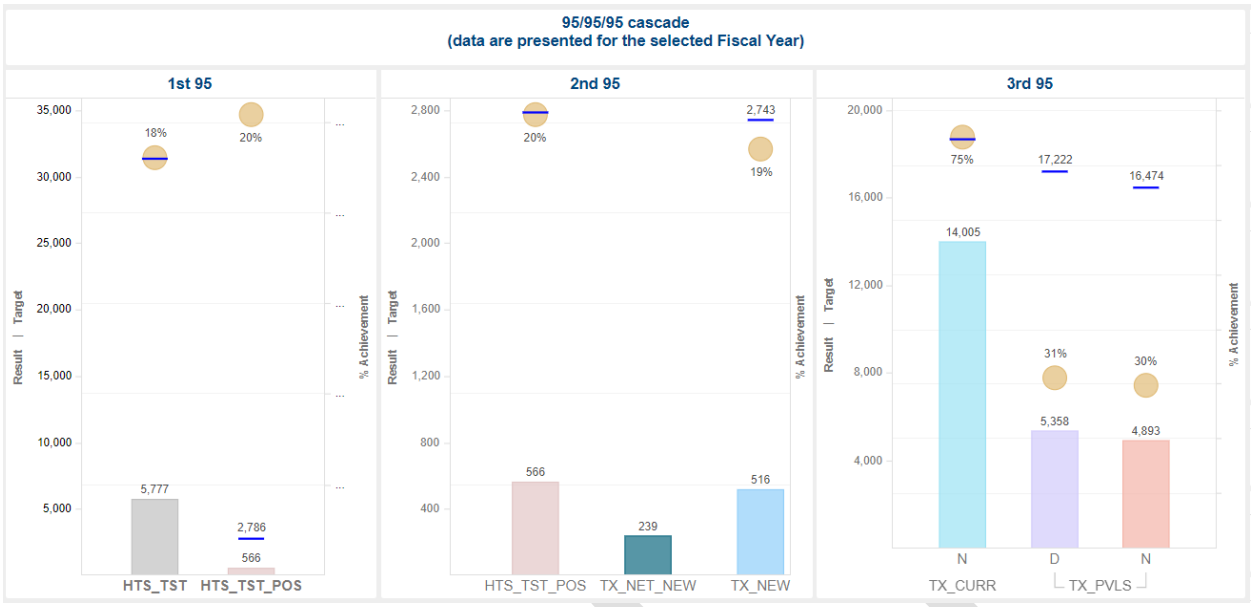
Liberia



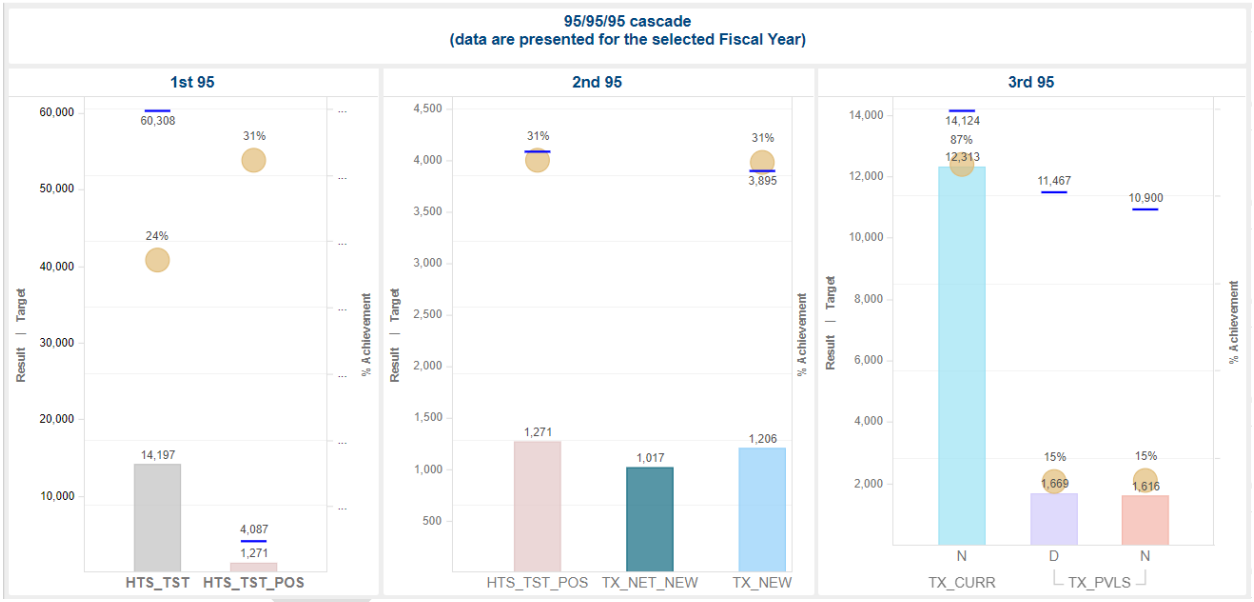
Mali



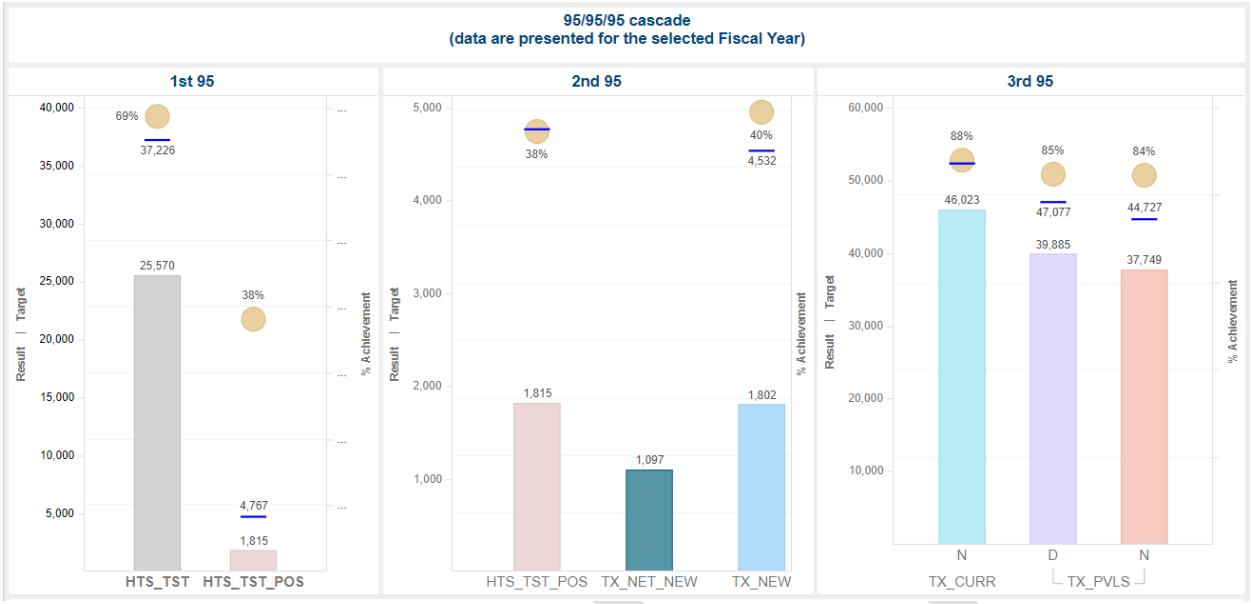
Senegal



Sierra Leone



Togo


95/95/95 cascade
(data are presented for the selected Fiscal Year)
1st 95
2nd 95
3rd 95
Result | Target
% Achievement
69%
37,226
25,570
38%
4,767
1,815
HTS_TST
HTS_TST_POS
38%
40%
4,532
1,815
1,097
1,802
HTS_TST_POS
TX_NET_NEW
TX_NEW
88%
85%
84%
46,023
47,077
44,727
39,885
37,749
N
D
N
TX_CURR
TX_PVLS