PEPFAR

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

PEPFAR COP 2020 Overview

Monday, January 27, 2020

Hotel Africana

Agenda

1. Welcome and Introductions
3. Overview goals/Global strategy
4. Epi progress
5. Notional budget
6. MPR
7. Planning Timeline

U.S. Government Supports Global Commitments and Key Countries' Efforts to End the HIV Pandemic

- The annual COP articulates how the U.S. Government's planned activities and budget will support our partner country governments' strategy to achieve 90/90/90 epidemic control targets and other UN declaration commitments

- COP20 reflects the reality that for epidemic control to be sustained, targets should shift to 95/95/95 for countries already at or near the "90s" (most PEPFAR-supported countries art at 80% or higher)

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UNAIDS Fast Track Strategy of 2016

By **2020**:	By **2030**:
90% of all people living with HIV will know their HIV status.	**95%** of all people living with HIV will know their HIV status.
90% of all people with diagnosed HIV will receive sustained antiretroviral therapy.	**95%** of all people with diagnosed HIV will receive sustained antiretroviral therapy.
90% of all people receiving ART will have viral suppression.	**95%** of all people receiving ART will have viral suppression.

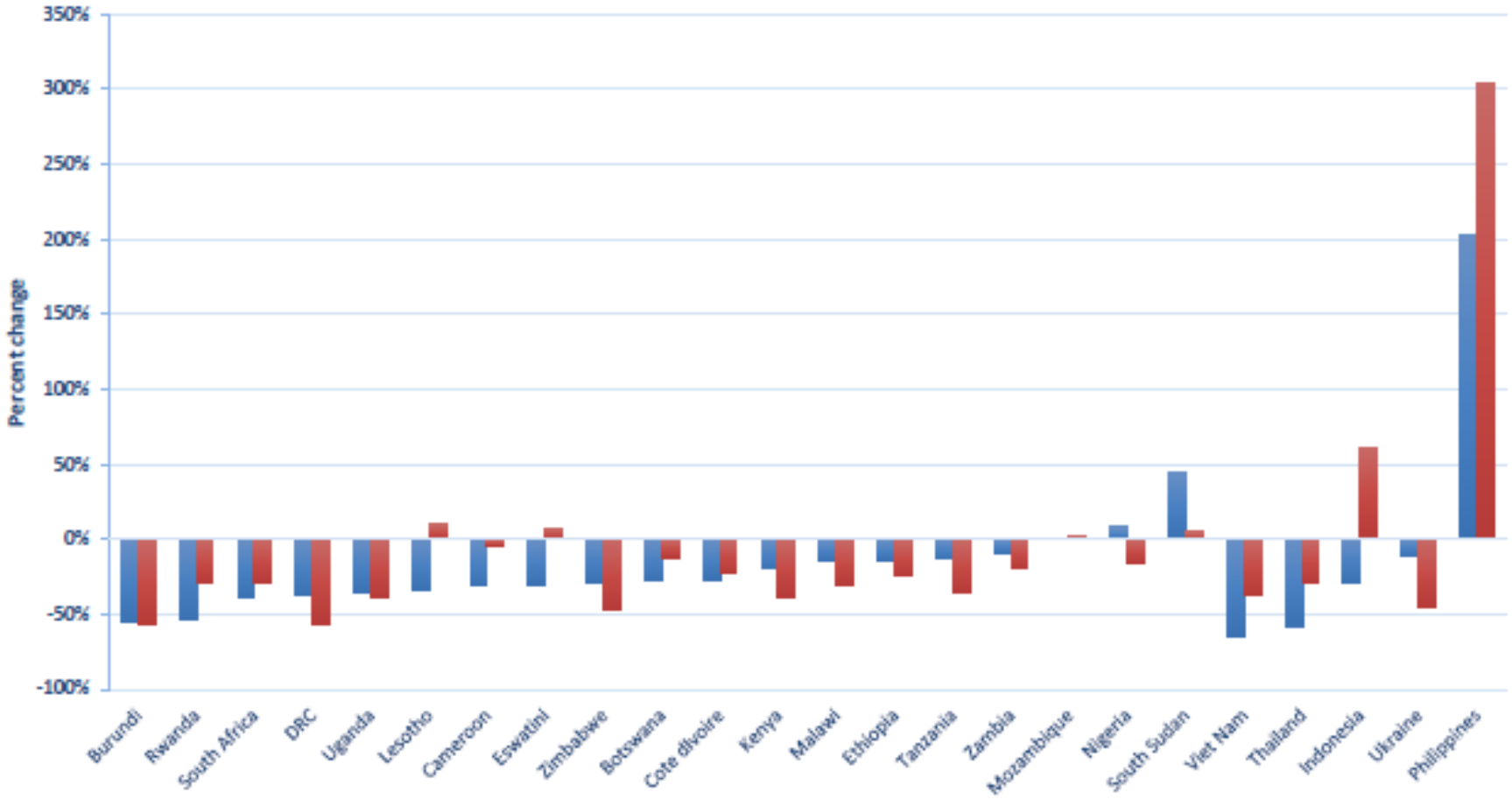
Heads of State committed to achieving these targets, which are key milestones in plan to end the AIDS pandemic by 2030

2016 UN political declaration on ending AIDS: 2020 global prevention targets and commitments

1. Fewer than **500,000** people newly infected
2. Reduce new HIV infections among AGYW to under **100,000**
3. Ensure that **90%** of people at risk of HIV can access comprehensive services, including KP and youth
4. Ensure **3 million** people at high risk can access PrEP
5. **25 million** more men are circumcised with VMMC in 14 countries
6. Make **20 billion** condoms available annually in low- and middle-income countries
7. Remove policy barriers to access prevention & commodities
8. Eliminate gender inequalities & end violence and discrimination
9. Allocate **one quarter** of total HIV budget to prevention
10. Ensure at least **30%** of service delivery is community-led

Epidemiologic Impact in PEPFAR-supported Countries

Change in New Infections and All Cause Mortality Since 2010



Note: Philippines currently does not receive PEPFAR resources

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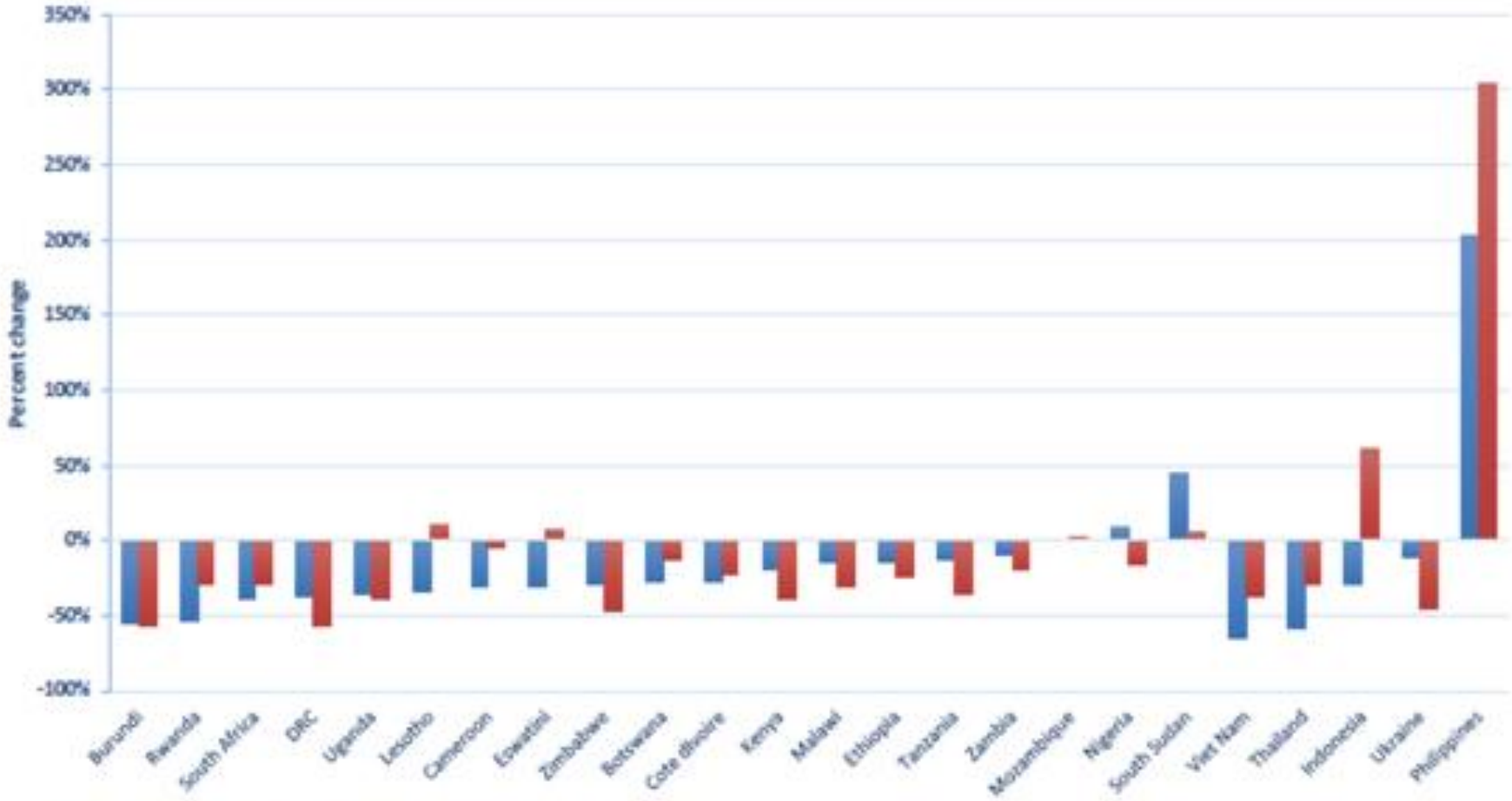

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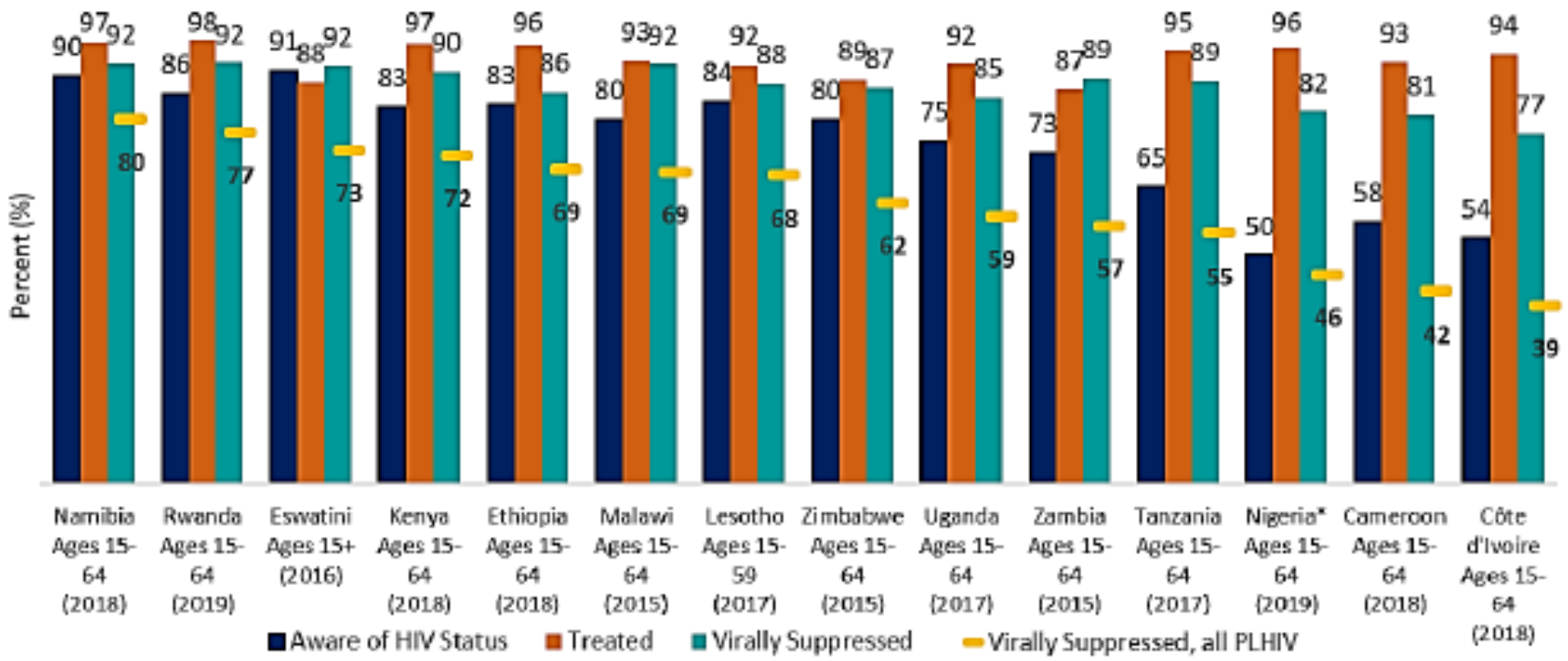
Progress Towards 95/95/95 among adult women (PHIAs)



**Data based on self-reported status, ARV metabolites still being analyzed.*

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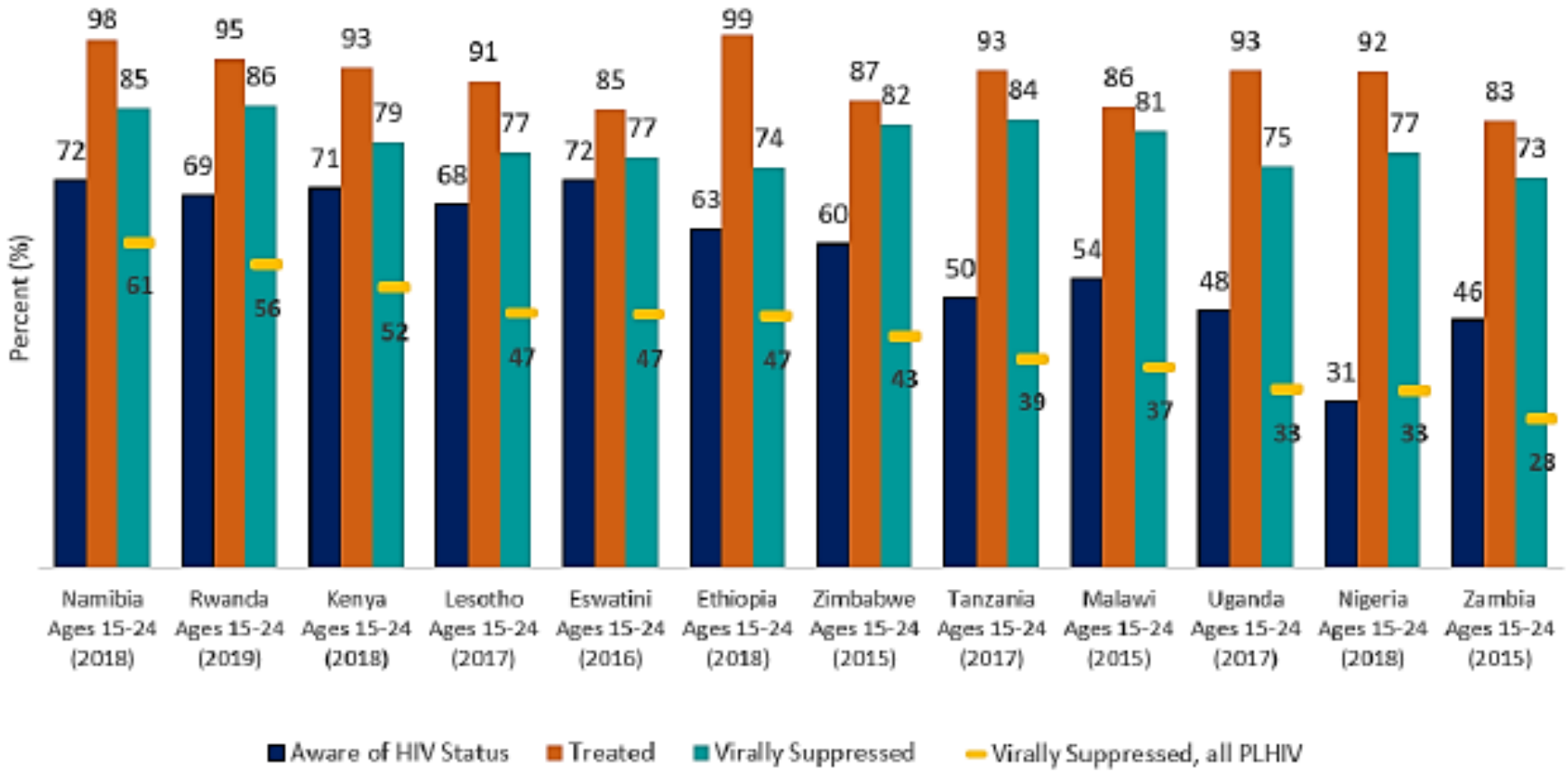
Progress Towards 95/95/95 among 15-24 year olds (PHIAs)



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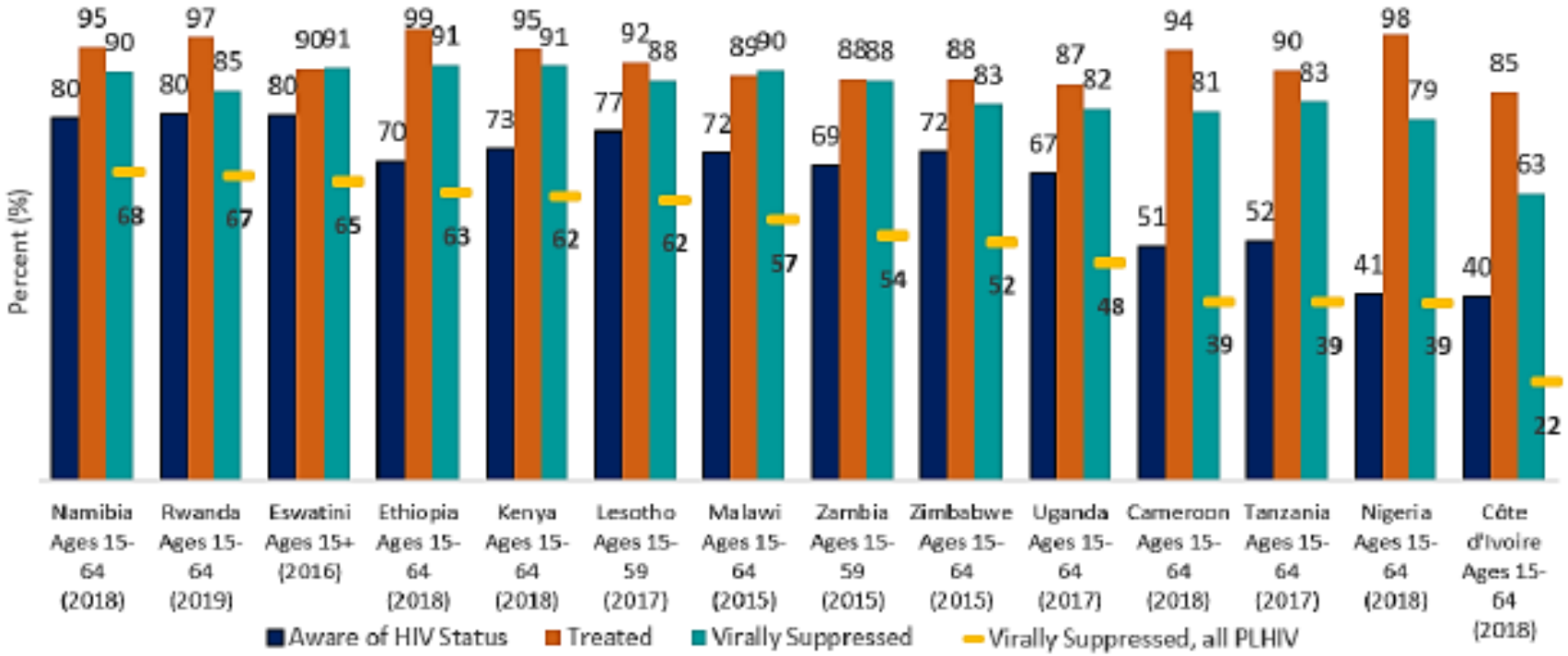
Progress Towards 95/95/95 among adult men (PHIAs)



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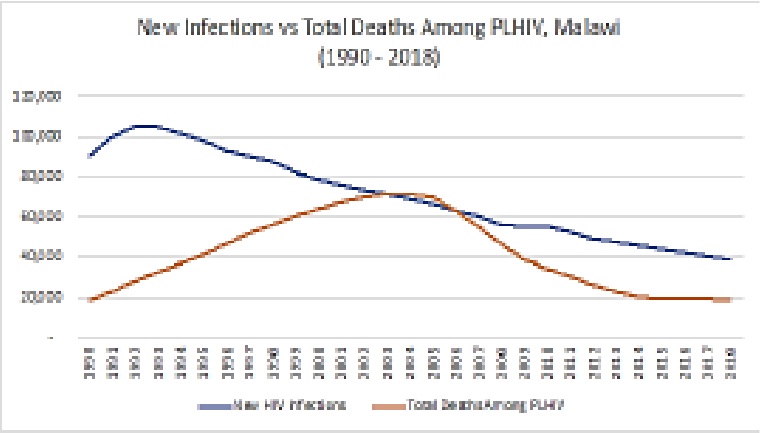
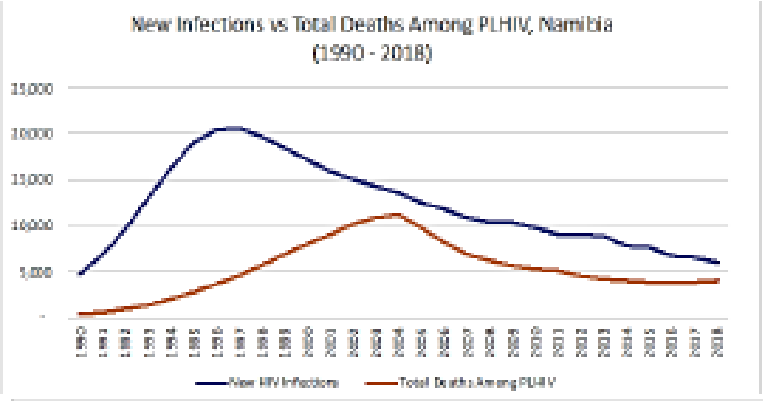
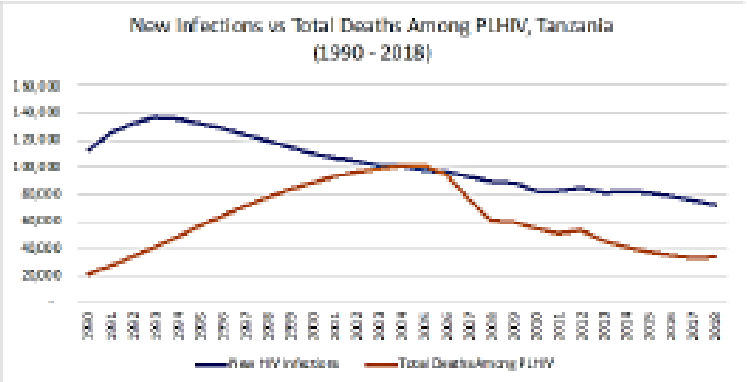
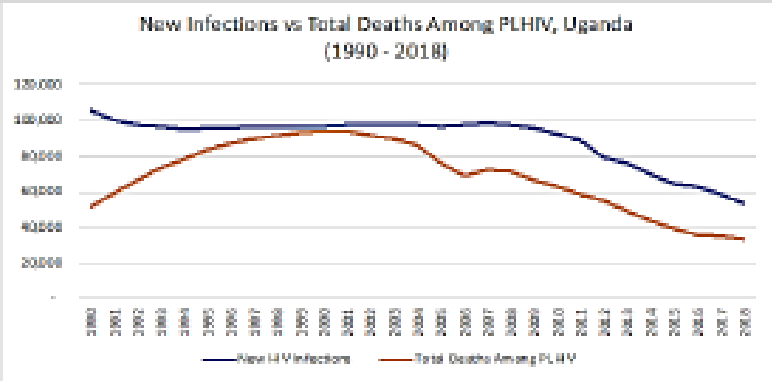
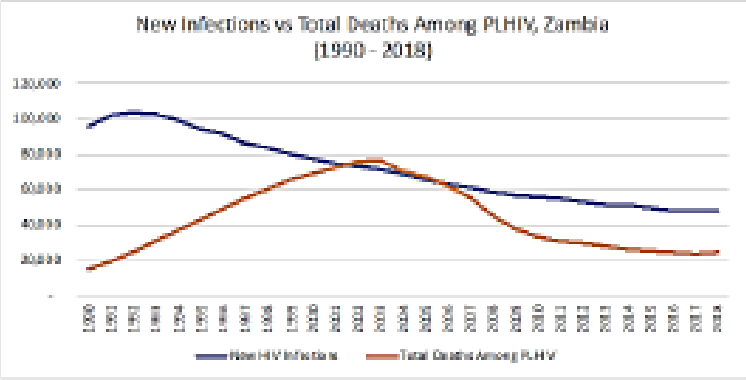
Trends in New Infections and All Cause Mortality











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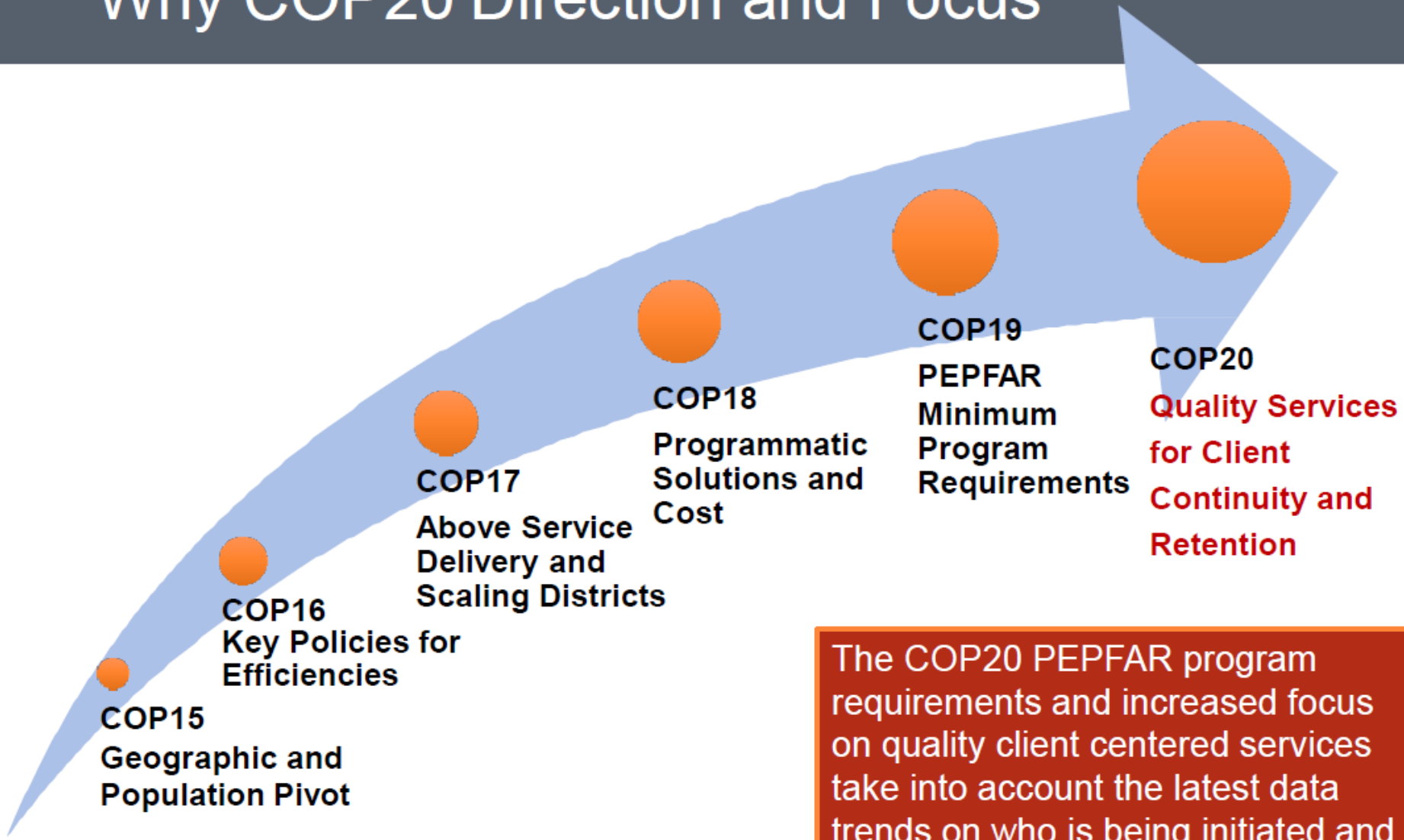
Why COP20 Direction and Focus



The COP20 PEPFAR program requirements and increased focus on quality client centered services take into account the latest data trends on who is being initiated and retained in treatment to promote program effectiveness and optimal of utilization PEPFAR funds

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PEPFAR's high level goals going in to COP20

Three key goals

1. **Sustain the gains** in countries that have achieved control and **ensure treatment retention**
2. **Accelerate control** in the hand full of countries that are not on the brink of control
3. **Address the rising new infections** or slow progress **in key population epidemics** around the globe.

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Overall On Track

- The national Continuous Quality Improvement Collaborative, led by the Ministry of Health and supported by PEPFAR, facilitated the rapid expansion of effective interventions across regions and implementing partners (IPs), and serves as a platform to address other critical issues, such as retention particularly among the young male population. As a result, Uganda has exceeded 80% ART coverage nationally
- Substantial progress was made with TLD transition and IPT initiation across Uganda
- Strong PEPFAR interagency collaboration creates an environment that fosters the strategic use of data and adoption of innovative solutions across agencies and IPs, resulting in national improvement in early treatment retention, viral load coverage, and viral load suppression rates

Five general gaps across countries

1. Continued new HIV infections in adolescents and young women
2. Supporting key populations with prevention and treatment services
3. Ensuring men are diagnosed and treated early
   - testing positive and new on treatment – e.g. linkage surrogate
4. Ensuring 15-35 year old asymptomatic clients are maintained on treatment and virally suppressed
   - NET_NEW on TX and TX_CURR growth – e.g. retention surrogate
5. Ensuring all children are diagnosed and are on the best treatment regimens and virally suppressed

SENSITIVE BUT UNCLASSIFIED

Three PEPFAR Uganda specific challenges

1. RETENTION: especially among young men

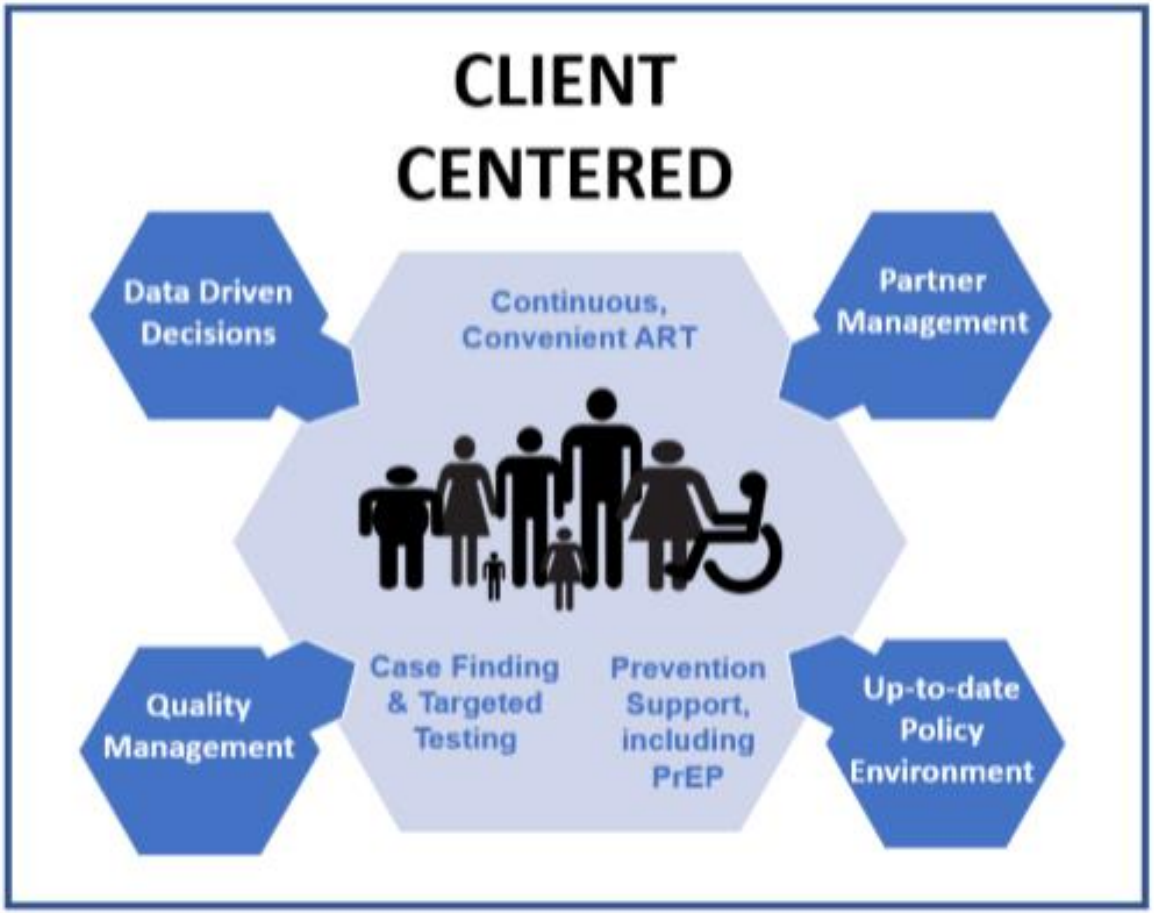
2. CHILDREN: across the clinical cascade

3. KEY POPULATIONS: continue to be at risk for seroconversion and human rights violations. Need to support locally led efforts, prevent new infections, create safe environment for ART access

Path to Epidemic Control – Quality & Client-Centric

Four supporting elements:

1. Up-to-date policies
2. Partner management
3. Data-driven decisions
4. Quality management



PEPFAR's Number 1 Treatment Priority:
Supporting Clients by Facilitating Continuous ART

Five Core Strategies for Advancing Continuity

1. Commitment by stakeholders to client-centered approaches to ensure immediate and easy access to ARVs and to remove barriers to treatment.
2. Immediate implementation of 4 existing Minimum Program Requirements related to linkage and retention at all sites.
3. Implementation of core, evidence-based site-level minimum standards for continuous ART as part of a client-centered service environment (see Section 2.3.1.1).
4. Specific, customized interventions to improve retention and return to treatment designed around specifically addressing challenges noted by current clients and clients returned to care, opportunities, and assets specific to the OU and its communities. Site-specific issues must be addressed, and all technical assistance partners' performance evaluations must include specific retention goals.
5. Implementation of quality management policies and practices to support and maintain site standards.

What’s New

- Maintain Current Cohort on Treatment
  - Ambition Funds for Care and Treatment, VMMC
  - Country Team proposes targets
- NEW Cervical Cancer
- DREAMS:
  - Dramatic increase in DREAMS funding – saturate, expansion, GF alignment
  - Recommended AGYW/DREAMS Advisor (to be discussed with COM/Mgmt)
- Key Population and PrEP: Expanded Funding
- New Community Monitoring activity – small grants
- HIV Testing and Case Finding
  - Service support for HTC only for ANC HIV testing
  - No Index Testing for KP
- VMMC only for 15+

Uganda Minimum Program Requirements

	Minimum Program Requirement	Status	Outstanding Issues Hindering Implementation
Care and Treatment	1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.[1]	Test and Start is national policy and implemented throughout the country. The Surge for Quality has improved outcomes and continues to expand. FY2019 linkage proxy results are reported as 81% linkage to treatment, which increases to 91% when repeat testing is taken into account.	None noted.
	2. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.[2]	In FY2019, over a third of patients transitioned to optimized regimens (TLD), reaching 73% of the annual target. Patients receiving nevirapine-based regimens were greatly reduced and further reduction is supported by the commodity supply plan in FY20.	Supply chain security is essential to the TLD transition. Commodity stock-outs are less frequent but continue to be a concern. Global supply of LPV/R has slowed transition of pediatric patients off of NVP-based regimens.
	3. Adoption and implementation of differentiated service delivery models, including six-month multi- month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.[3]	Uganda treatment guidelines recommend dispensing 3 months of medication for stable patients and allow for longer scripts. Guidelines are under revision to expand 6-month MMD, and the supply plan includes 6-month pill bottles.	Perceived supply chain insecurity by clinical staff has slowed roll out of greater than 3-month dispensing.
Care and Treatment	4. All eligible PLHIV, including children, should have been offered TB preventive treatment (TPT) by end of COP20, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.[4]	TB preventive treatment was scaled rapidly in CY 2019. Over 528,000 patients were initiated on TPT. Completion rates reached 86% of those expected.	None noted.

Uganda Minimum Program Requirements Cont'd…

Care and Treatment	5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Viral load coverage for adults has improved over time, and was 94% in FY19 Q4. EID 2-month testing coverage improved from 49% in FY18 Q4 to 56% in FY 19 Q4, but ongoing TA is needed. COP19 includes investments to expand EID coverage.	None noted.
Case Finding	6. Scale up of index testing and self- testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.[5]	Index testing is scaled nationally though some gaps remain in site-level coverage. Self-testing is available. Index testing protocols include screening and treatment for IPV. Gains need to be made in testing of children; this is a priority and best practices from some partners have been identified and shared through the national CQI collaborative.	None noted.
Prevention and OVC	7. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)[6]	PrEP is available to key populations. Guidelines are under revision to include AGYW and PBFW.	Current government guidelines are a barrier. The National HIV Consolidated Guidelines are under review and revisions are expected to be released in early 2020.

Uganda Minimum Program Requirements Cont'd…

Prevention and OVC	8. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	OVC programs meet all requirements per COP19 Guidance.	None noted.
Policy & Public Health Systems Support	9. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.7	There are no user fees levied to patients.	None noted.
	10. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.8	MOH leads the national CQI program and all IPs participate.	None noted.

Uganda Minimum Program Requirements Cont'd…

Policy & Public Health Systems Support	11. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	These activities were included in COP19 planning. U=U messaging has been rolled out, and updated messaging is a particular focus of KPIF and FCI activities.	None noted.
	12. Clear evidence of agency progress toward local, indigenous partner prime funding.	Minimum requirement is met.	None noted.
	13. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	As requested in COP 2019, the Government of Uganda committed an additional $13 million toward ARV commodity procurement, bringing total investment to $39 million.	S/GAC would like to see this investment maintained for ARV, and ideally additional resources committed by GoU for ARV, Human Resources for Health and other HIV commodities. The transition of PEPFAR supported HRH to GoU is progressing slower than initially anticipated. An additional barrier is lack of formal recognition for Community Health Extension Workers.
	14. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	PEPFAR Uganda has started reporting on TX_ML. COP19 investments support updating national systems.	None noted.
	15. Scale-up of case- based surveillance and unique identifiers for patients across all sites.	Recency testing is rolling out in COP19 with the goal to reach national scale by the end of the fiscal year. Several UI pilots could be used as examples for scaling nationally.	Legislation will require updates to allow for UIs to go to scale. The political environment may hinder movement at parliamentary level this year.

COP/ROP OU Level FY19 Program Results (COP18) and FY20 Targets (COP19)

Indicator	FY19 result (COP18)	FY20 target (COP19)
TX Current Adults	1,102,534	1,225,515
TX Current Pediatrics	62,403	91,698
VMMC among males 15 years or older	461,739	759,986
DREAMS (AGYW completing at least the primary package)	170,783 (81.5% of total AGYW reached)	N/A
Cervical Cancer	N/A	N/A
TB Preventive Therapy	100,297	340,621
PrEP New	17,825	30,000

❑PEPFAR Uganda COP 2020 notional budget is $402,600,000

a) Sustaining the gains in treatment based on COP19 Projected treatment result $293, 350,000 (

b) Continued OVC to include DREAMS vulnerable girls less than 20-year-old. $51,620,000

c) Continued VMMC funding based on the country's age band >15 years old $17,000,000

d) Dramatic expansion of DREAMS Programming $23,000,000 as noted above

e) Continued expansion of Key Populations and expansion of PrEP on country submitted targets $19,900,000

f) RTK and service support to ANC testing $3,000,000

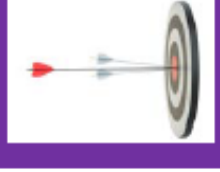
COP 2020 Earmarks by Fiscal Year *

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	$275,000,000	$ -	$ -	$275,000,000
OVC	$ 38,500,000	$ -	$ -	$ 38,500,000
GBV	$ 4,704,843	$ -	$ -	$ 4,704,843
Water	$ 3,000,000	$ -	$ -	$ 3,000,000

All COP 2020 Initiative Controls

	COP 20 Total
Total Funding	**$ 95,500,000**
VMMC	$ 17,000,000
Cervical Cancer	$ 5,000,000
DREAMS	$ 23,000,000
HBCU Tx	$ -
COP 19 Performance	$ 22,000,000
HKID Requirement	$ 28,500,000

COP20 Budget – Ambition Funds



- Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate))
- Ensuring 15-35-year-old asymptomatic clients are maintained on treatment and virally suppressed (net new on treatment and treatment current growth, (retention surrogate))
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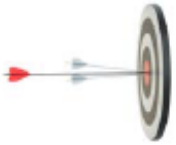
COP20 Budget – Ambition Funds



Country teams and specifically agencies independently can request additive ambition funds based on their stated increased **ambition** in **Treatment** and **VMMC**, with commensurate increased partner level targets. This funding is available to agency partners with the highest performance with evidence that they are addressing the one of the critical gaps.

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Uganda COP 2020 Timeline

Guidance Release and Strategic Development

1/15: Guidance Released

Jan 23 TWG Meeting

Jan 27/28 Stakeholder's Retreat

Tools submitted and COP20 meeting in Johannesburg

Draft Tools Submission Feb. 25

Joberg Meeting with Uganda Team (USG, GOU, CSO & DP)

March 2-6

COP Submission

In-country review of Strategic Direction Summary

GoU, CSO, DP review and consultation meetings

March 27

Uganda Approval Meeting

Between March 30 – April 10

In Uganda

Global Fund Collaboration

Critical that PEPFAR and GF use same information for COP planning and global fund proposals

- Jointly identify unmet need based on same data
- Jointly put forth proposed resources to address unmet gaps
- Joint dialogue with Host Country Gov't to reach Global and Country Goals for impact

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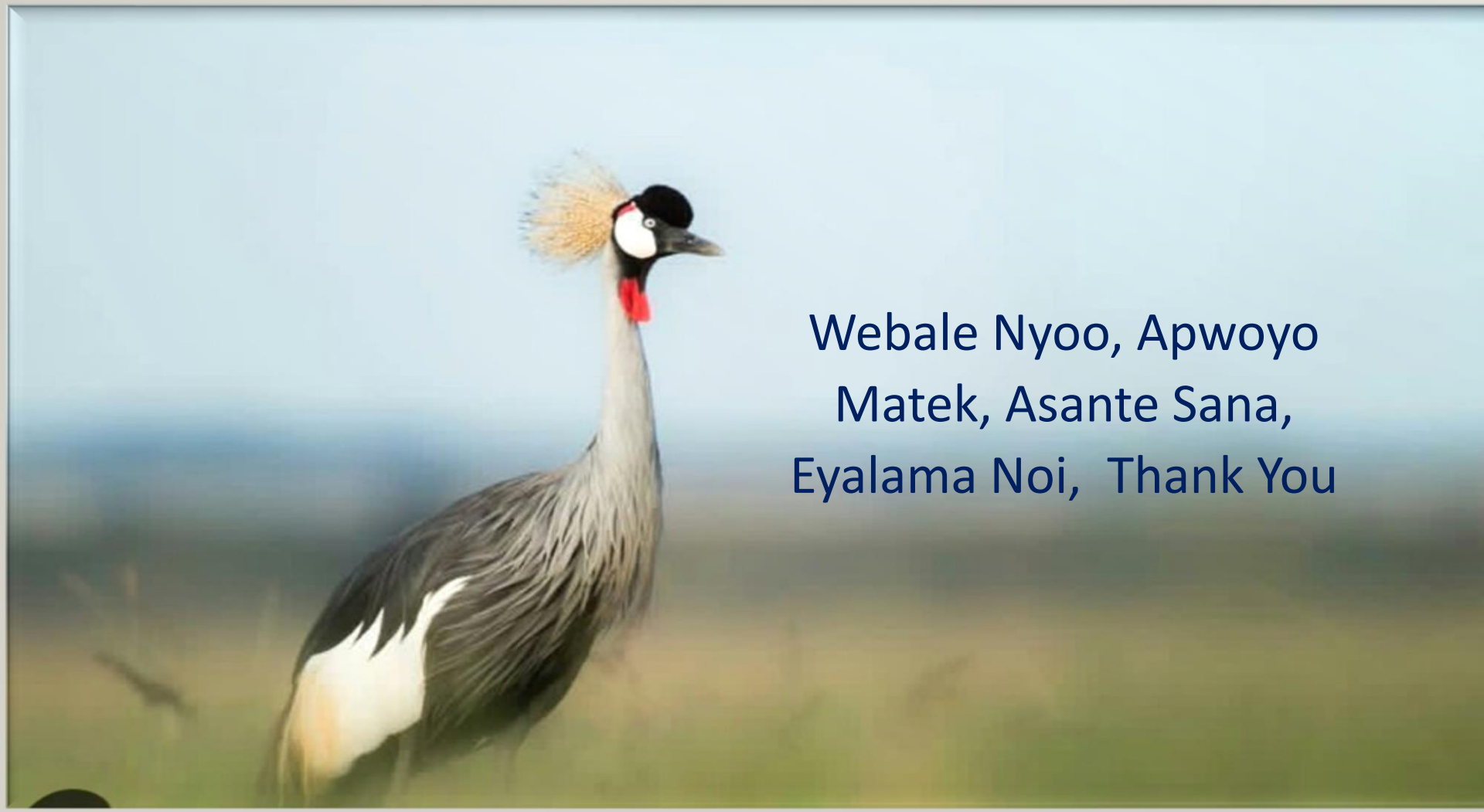

Webale Nyoo, Apwoyo
Matek, Asante Sana,
Eyalama Noi, Thank You