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FROM: S/GAC – Acting U.S. Global AIDS Coordinator, Principal Deputy Assistant Secretary, Dr. Angeli Achrekar, DrPH, MPH

THROUGH: S/GAC – Erin Eckstein, Co-Chair
S/GAC – Sarah Dominis, Co-Chair
S/GAC – Emily Coard, PEPFAR Program Manager
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SUBJECT: Fiscal Year (FY) 2023 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassadors and Chargés D'affaires:

First and foremost, I sincerely hope that you and your teams are safe and healthy. I am extremely grateful for your leadership of the PEPFAR program and additional COVID-19 response efforts during this difficult year.

While countries around the world continue to manage the effects of the COVID-19 pandemic, and the U.S. government acts on its commitment of support, it is encouraging to see vaccines making their way around the globe. The COVID response and continued use of the PEPFAR platform to support testing and vaccine delivery and uptake at point of care settings - are essential to our ability to provide ongoing care and life-saving support for people living with HIV. The PEPFAR program has faced many challenges as a program during this period. Nevertheless, the PEPFAR family and partners have carried the mission forward while enduring significant personal impacts of COVID-19. Despite these challenges, what remains true is the strength and resilience of PEPFAR in partnership with countries and communities – through our teams and our programs in the midst of dueling pandemics.

Tremendous effort has been made by PEPFAR over the year to protect and accelerate the HIV gains while leveraging the platform to respond to COVID-19 as well.

PEPFAR Regional Operational Plan (ROP 2022) (for implementation in FY2023) represents a pivotal year in PEPFAR, as several countries are reaching or approaching the agreed-upon UNAIDS 95/95/95 benchmarks for attaining epidemic control. As countries approach these benchmarks, while pivoting from "scaling to close gaps" to "sustaining" epidemic control, we must ensure HIV program and population equity, address outstanding barriers that threaten to derail the progress made in reducing new HIV infections and associated mortality, and tailor our programs to serve all populations.

This year it is particularly important to plan ROP22 together with the country government, civil society, and multilateral partners. Across all of PEPFAR, the focus on equity requires vigilant attention to program data demonstrating results and gaps. A focus on equity also means a focus on population groups where our efforts to date have not closed gaps, and specific planning, resource allocation, and program tailoring are needed – depending on what the data reveal for each country – focusing on children, adolescent girls and young women, and key populations.

While implementation continues, or in many cases, has started to scale up, most PEPFAR countries are on a path to achieving program coverage goals. With that in mind, PEPFAR programs should focus on four key themes as we approach ROP 22 planning and implementation:

1. Achieve and sustain epidemic control using evidence-based, equitable, people-centered HIV prevention and treatment services.
2. Support resilient and capacitated country health systems, communities, enabling environments, and local partners to build enduring capabilities.
3. Strengthen cooperation and coordination for greater impact, burden sharing, and sustainability.
4. Employ an equity lens with a persistent focus on reducing persistent inequalities experienced by children, key populations, and adolescent girls and young women.

I want to applaud the PEPFAR Asia Region team for:

- **Pre-exposure prophylaxis (PrEP) Program Implementation:** Several countries in the region have launched PrEP services in the last year while other countries scaled up PrEP programming and made great strides in national PrEP policy advocacy.
- **Tenofovir/Lamivudine/Dolutegravir (TLD) Transition:** The Region has made substantial progress towards the minimum program requirement of implementing the rapid optimization of ART by offering TLD scaled to the national level with fidelity in several countries
- **Resiliency across the Asia Region:** All countries in the region have ensured continuous service delivery amid unprecedented challenges by pivoting and adapting PEPFAR programming throughout the last year. Countries have demonstrated success in a range of areas, including strengthening HIV case identification with targeted and differentiated approaches. Additionally, despite challenges in reaching sufficient viral load coverage for countries in the region, ROP 21 results demonstrate there has been a large increase in patients with a documented viral load.

Together with the governments in the Asia Region, civil society leadership, Global Fund (GF), and UNAIDS we have made tremendous progress. The Asia Region should be proud of the progress made over the past 18 years of PEPFAR implementation. We are deeply grateful for the ongoing depth of coordination with the Global Fund and UNAIDS.

As you will see in COP guidance this year, changes in program direction will vary depending on where countries are in reaching epidemic control and the continued COVID-19 mitigation efforts each team is facing. While assessing possible shortfalls in programming arising from COVID-19, overarching challenges still exist.

Specifically, more focus and attention should be given to the following key challenges in the PEPFAR Asia Region:

- **Targeted case finding modalities among key populations:** HIV case identification including index testing remain critical tools to continue progress toward epidemic control and require further refinement and focus.
- **Continued support of Test and Start**, including removing barriers to direct and immediate linkage and scaling up same-day ART.
- **Multi-Month Dispensing (MMD):** though the region has seen progress in this area, more work is needed to further develop and support MMD to improve treatment continuity, especially to mitigate the profound challenges COVID has caused in many countries.
- **Continued efforts to coalesce as a region**: the region has continued to build stronger connections among countries, and recognizes the importance of deepening technical exchange among countries and supporting stronger coordination and collaborations with multilateral colleagues.

A fuller set of details, including funding earmarks and specific program direction, are included in the accompanying ROP 22 PEPFAR Planned Allocation and Strategic Direction Summary.

Consistent with the approach from years past, PEPFAR teams will once again be responsible for setting their targets across PEPFAR program areas (with the treatment current target no less than the result that was to be achieved in ROP 2021) in consultation with stakeholders. Teams should bear in mind that PEPFAR targets are not PEPFAR's but flow directly from the partner country government's commitment to the UNAIDS and SDG 3 goals.

The PEPFAR ROP22 notional budget for Asia Region is **$115,000,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program directives provided below must be met. Targets and the subsequently approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the country governments in the Asia Region and civil society in the region, believes is critical for the country's progress towards controlling the pandemic and maintaining control.

Finally, in alignment with efforts by the U.S. government to support diversity, equity, inclusion, and accessibility as well as to advance equity for underserved communities and prevent and combat discrimination or exploitation based on race, religion, gender identity, or sexual orientation, PEPFAR will work to ensure that these principles are upheld, promoted, and advanced in all PEPFAR programs and in how we do business.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will review this planning letter and details contained, herein, with your wider PEPFAR country team. Stakeholder engagement is essential for a productive and impactful planning process, and civil society engagement will continue to be an integral part of this planning process.

Included in this planning letter is an outline of the expectations for engaging key stakeholders and civil society, as we continue to finalize our approach to hosting a virtual ROP22 planning and approval process.

Once again, thank you for your continued leadership and engagement during the ROP22 process.

Sincerely,

Angeli Achrekar

Attachment: **ROP 2022 PEPFAR Planned Allocation and Strategic Direction Summary.**

CC: S/GAC Erin Eckstein, Co-Chair
Sarah Dominis, Co-Chair
Emily Coard, PEPFAR Program Manager
Vanessa Desir, PEPFAR Program Manager
Cristina Garces, Acting PEPFAR Country Coordinator

Overview: ROP 2022 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly monitoring POARTs, as well as Headquarters Country Accountability and Support Teams (CAST) input, a thorough program review of your country over time has been conducted. This includes the end-of-year results of the Regional Operational Plan (ROP) 2020 and current ROP 2021 implementation as we plan for ROP 2022.

Countries across the PEPFAR Asia Region have had varying success in achieving epidemic control and the global 90-90-90 targets.

Category	Countries
Countries at Epidemic Control and 73% community viral load suppression	Cambodia, Thailand
Countries at epidemic control that have not achieved the 73% community viral load suppression	Nepal
Countries near epidemic control and 73% community viral load suppression	Burma (previous year data)
Countries with declines in new infections and mortality but not at epidemic control or 73% community viral load suppression	India, Indonesia, Laos, Tajikistan
Countries with increasing new infections or mortality	Kazakhstan, Kyrgyzstan, Papua New Guinea, Philippines

Across the region, we have noted the below key successes and challenges.

Successes

- **PrEP Program Implementation:** Total clients on PrEP within the OU increased from 6,948 in FY21 Q1 to 20,380 in Q4. Additionally, several countries moved from the adoption and preparation phases of PrEP implementation to partial implementation in select regions or sites. Finally, countries have reported success in PrEP Policy and advocacy such as greater government funding for PrEP services, increased government PrEP service sites, drafting technical guidelines for national PrEP policy, developing PrEP SOPs, and expanding eligibility of clients who qualify for PrEP
- **TLD Transition:** Five countries are implementing TLD on a national level while several countries moved from the preparation phase into implementation. In Nepal and PNG, the TLD transition was completed this year while TLD has been included in the national drug formulary for Thailand and the Philippines. Finally, Kyrgyzstan has a TLD coverage rate of 83% with ongoing advocacy for a national transition, and Tajikistan reported that 98% of all PEPFAR ART patients are receiving TLD.
- **Adaptation to Address COVID Challenges:** Across the region, PEPFAR programs have adapted to COVID-19 and demonstrated success in areas such as increasing case finding positivity rates due to a strategic mix of testing modalities, increased return to treatment due to back to care campaigns, and active case management and progress were demonstrated in key populations case-finding strategies and linkage to treatment. There were 261,742 patients with a documented viral load in Q4 of ROP 19, and by Q4 of ROP 20, that figure was 407,185. After a dip due to COVID, the region has managed to build back viral load coverage (VLC) numbers to 77% in FY21 Q4. Viral load suppression (VLS) remains above 90% for the majority of the countries in the region with an average of 89% in Q4.

Challenges

- **Test-and-start:** Linkage to treatment is suboptimal in some settings, particularly for some key population groups. Currently, only Cambodia and Kyrgyzstan have full fidelity at a national level. The region has made advancements in same-day ART (SDART), though there continue to be challenges in ensuring newly identified people are immediately linked to treatment.
- **MMD:** Only about one-third of people supported by PEPFAR for ART in the region receive 3+MMD. Thailand, Laos, and PNG are among the countries with the highest proportion of PLHIV receiving 3+MMD, while Nepal, India, and Indonesia have the smallest. Procurement, supply chain, and COVID-related disruptions remain the most significant challenges.
- **Case Finding:** One of the primary challenges for the region is case finding. In the past two years, the region has faced challenges in index testing and self-testing due to COVID-19. Strengthening provider competency in the elicitation of contacts, and ensuring trust is developed among primarily key populations individuals is paramount. Self-testing is a relatively new intervention across Asia, but important strides have been made.

Given the region's range of epidemic control status, from achieved or near achieving to facing growing epidemics, the following priority strategic and integrated changes are recommended:

- **Case Finding:** Continue to refine methods to increase the success of index testing (including ensuring safe and ethical testing), self-testing, and roll out recency testing. Continue to implement and improve upon case-finding strategies that have been successful in identifying key populations, especially new, previously unreached networks.
- **Treatment:** Promote maximal implementation of test and start at a national level, including by addressing barriers to timely linkage and initiation of ART. Continue to support efforts at SDART, while refining case management and systems of client segmentation for treatment continuity, including expanding targeted support for those KPs falling out of care. Ensure tracking analysis of linkage rates and time to initiation, even when not captured in MER.
- **Multi-month dispensing:** Increase MMD in low-coverage countries and begin transitioning clients from 3 to 6MMD in countries with high 3MMD coverage that permit 6MMD. In countries where the policy does not permit 6MMD, continue to engage MOHs to adopt 6MMD policy in national TX guidelines.
- **PrEP**: the region should continue to support the implementation of PrEP for key populations. Countries and the region as a whole should continue to find ways to accelerate PrEP uptake by identifying barriers.

SECTION 1: ROP 2022 PLANNING LEVEL

Based upon the current analysis of spend levels, information submitted for the End-of-Fiscal Year 2021 (EOFY) tool, and performance data, the total ROP 2022 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

TABLE 1: All ROP 2022 Funding by Appropriation Year

	Bilateral				Central				Total
	FY22	FY21	FY20	Unspecified	FY22	FY21	FY20	Unspecified	TOTAL
Total New Funding	$ 97,269,061	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 97,269,061
GHP-State	$ 91,868,753	$ -	$ -		$ -	$ -	$ -		$ 91,868,753
GAP	$ 5,400,308				$ -				$ 5,400,308
Total Applied Pipeline	$ -	$ -	$ -	$ 17,730,939	$ -	$ -	$ -	$ -	$ 17,730,939
DOD				$ 583,922				$ -	$ 583,922
HHS/CDC				$ 8,981,333				$ -	$ 8,981,333
HHS/HRSA				$ 2,078,945				$ -	$ 2,078,945
USAID				$ 5,968,890				$ -	$ 5,968,890
USAID/WCF				$ 78,601				$ -	$ 78,601
State/SCA				$ 39,248				$ -	$ 39,248
TOTAL FUNDING	$ 97,269,061	$ -	$ -	$ 17,730,939	$ -	$ -	$ -	$ -	$ 115,000,000

TABLE 1 A: ROP 22 Planning Level Allocation by Country

ROP 22 Planning Level	Total ROP22 Funding, inclusive of applied pipeline
Country	
Asia Region	$4,870,000
Burma	$14,910,000
Cambodia	$6,530,000
India	$24,360,000
Indonesia	$10,720,000
Kazakhstan	$3,410,000
Kyrgyzstan	$3,995,000
Laos	$2,245,000
Nepal	$10,425,000
Papua New Guinea	$4,395,000
Philippines	$12,670,000
Tajikistan	$3,900,000
Thailand	$12,570,000
Total	**$115,000,000**

SECTION 2: ROP 2022 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of $30,318,600 across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

TABLE 2: ROP 2022 Earmarks by Appropriation Year*

	Appropriation Year			
	FY22	FY21	FY20	TOTAL
C&T	$ 30,318,600	$ -	$ -	$ 30,318,600

*Only GHP-State and GHP-USAID will count towards the earmarks (Care and Treatment, OVC, GBV, and Water).

**Only GHP-State will count towards the GBV and Water earmarks

TABLE 3: ROP 2022 Initiative Controls: Each dollar planned in ROP can belong to only one initiative. Most ROP funding will be budgeted as Core Program. In general, initiatives other than Core Program are used to track activities/programs that cannot be tracked by the combination of program area and beneficiary alone. See Appendix 1 for more detailed information on initiatives.

	Bilateral	Central	TOTAL
Total Funding	**$ 144,062,799**	**$ -**	**$ 144,062,799**
Core Program	$ 142,276,141	$ -	**$ 142,276,141**
OVC (Non-DREAMS)	$ 1,786,658	$ -	**$ 1,786,658**

TABLE 4: Programmatic Controls: Programmatic controls are used to track programmatic directives that can be tracked by a combination of program area and/or beneficiary. Programmatic controls may overlap with Initiatives, for example, PrEP for Adolescent Girls and Young Women may count towards both the DREAMS Initiative and the PrEP (AGYW) programmatic control. See Appendix 1 for more detailed information on programmatic controls.

	Bilateral	Central	TOTAL
Total Funding	**$ 8,502,200**	**$ -**	**$ 8,502,200**
PrEP (AGYW)	$ -	$ -	**$ -**
PrEP (KPs)	$ 8,502,200	$ -	**$ 8,502,200**

TABLE 5: State ICASS Funding

	Appropriation Year
	FY22
State LNA Staff Salaries and Benefits	$ -
State LNA Start-up/Recurring Costs	$ -
State LNA Other Misc. Benefits	$ -
State LNA TOTAL	**$ -**
ICASS	$ 58,935
ICASS TOTAL	**$ 58,935**

See Appendix 1 for detailed budgetary requirements and other budgetary considerations.

SECTION 3: PAST PERFORMANCE – ROP 2020 Review

TABLE 6. ROP OU Level FY21 Program Results (ROP20) against FY22 Targets (ROP21)-

Asia Region		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**8,331**	**15,295**
TX Current 15+	**532,740**	**636,115**
TB Preventive Therapy	**46,994**	**58,817**
New on PrEP	**11,457**	**14,001**

Burma		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**2**	
TX Current 15+	**9,990**	**11,682**
TB Preventive Therapy	**1,525**	
New on PrEP	**999**	**612**

India		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**5,900**	**13,255**
TX Current 15+	**353,226**	**467,540**
TB Preventive Therapy	**45,385**	**56,495**
New on PrEP	**15**	**950**

Indonesia		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**919**	**887**
TX Current 15+	**35,272**	**39,718**

Kazakhstan		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15		
TX Current 15+	**4,347**	**5,380**

Kyrgyzstan		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15		
TX Current 15+	**3,768**	**5,206**
New on PrEP	**66**	**240**

Laos		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**269**	
TX Current 15+	**7,633**	**7,375**
New on PrEP	**156**	**272**

Nepal		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**879**	**1,138**
TX Current 15+	**16,657**	**17,492**
TB Preventive Therapy	**84**	**2,322**
New on PrEP	**3,220**	**3,450**

Papua New Guinea		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**9**	**15**
TX Current 15+	**6,406**	**6,082**

Philippines		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**21**	
TX Current 15+	**21,354**	**20,654**
New on PrEP	**1,481**	**2,199**

Tajikistan		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15		
TX Current 15+	**5,205**	**7,287**
New on PrEP	**25**	**200**

Thailand		
Indicator	**FY21 result (ROP20)**	**FY22 target (ROP21)**
TX Current <15	**332**	
TX Current 15+	**68,882**	**47,699**
New on PrEP	**5,495**	**6,068**

TABLE 7. ROP 2020 | FY 2021 Agency-level Outlays versus Approved Budget

OU/Agency	Approved ROP 2020 Planning Level	Total FY 2021 Outlays	Over/Under Outlays
Asia Region	**$ 3,997,427.00**	**$ 1,652,388.99**	**$ 2,221,162.00**
HHS/CDC	$ 779,020.00	$ 350,083.00	$ 428,937.00
HHS/HRSA	$ -	$ 77,742.00	$ (77,742.00)
State	$ 873,219.00	$ -	$ 873,219.00
USAID	$ 2,345,188.00	$ 1,224,563.99	$ 996,748.00
Burma	**$ 11,501,392.00**	**$ 8,411,841.00**	**$ 3,089,551.00**
HHS/CDC	$ 4,451,392.00	$ 3,022,305.00	$ 1,429,087.00
USAID	$ 6,750,000.00	$ 5,232,597.00	$ 1,517,403.00
USAID/WCF	$ 300,000.00	$ 156,939.00	$ 143,061.00
Cambodia	**$ 7,850,000.00**	**$ 6,771,816.00**	**$ 1,078,184.00**
HHS/CDC	$ 3,330,000.00	$ 2,927,617.00	$ 402,383.00
USAID	$ 4,520,000.00	$ 3,844,199.00	$ 675,801.00
India	**$ 28,787,025.00**	**$ 18,410,900.00**	**$ 10,376,125.00**
HHS/CDC	$ 11,750,000.00	$ 6,815,991.00	$ 4,934,009.00
HHS/HRSA	$ 3,165,000.00	$ 3,115,103.00	$ 49,897.00
USAID	$ 13,872,025.00	$ 8,479,806.00	$ 5,392,219.00
Indonesia	**$ 18,223,603.00**	**$ 12,400,251.00**	**$ 5,823,352.00**
DOD	$ 270,000.00	$ 322,609.00	$ (52,609.00)
USAID	$ 17,953,603.00	$ 12,077,642.00	$ 5,875,961.00
Kazakhstan	**$ 3,240,000.00**	**$ 2,495,996.00**	**$ 744,004.00**
HHS/CDC	$ 1,620,000.00	$ 1,362,417.00	$ 257,583.00
USAID	$ 1,620,000.00	$ 1,133,579.00	$ 486,421.00
Kyrgyzstan	**$ 3,900,000.00**	**$ 3,670,860.00**	**$ 229,140.00**
HHS/CDC	$ 1,950,000.00	$ 1,583,618.00	$ 366,382.00
USAID	$ 1,950,000.00	$ 2,087,242.00	$ (137,242.00)
Laos	**$ 2,075,000.00**	**$ 1,534,367.00**	**$ 540,633.00**
HHS/CDC	$ 725,000.00	$ 543,171.00	$ 181,829.00
USAID	$ 1,350,000.00	$ 991,196.00	$ 358,804.00
Nepal	**$ 9,293,486.00**	**$ 8,255,964.00**	**$ 1,037,522.00**
USAID	$ 8,789,868.00	$ 7,838,411.00	$ 951,457.00
USAID/WCF	$ 503,618.00	$ 417,553.00	$ 86,065.00

TABLE 7 (continued)

OU/Agency	Approved ROP 2020 Planning Level	Total FY 2021 Outlays	Over/Under Outlays
Papua New Guinea	**$5,195,000.00**	**$4,236,119.00**	**$958,881.00**
HHS/CDC	$254,152.00	$313,610.00	($59,458.00)
USAID	$4,940,848.00	$3,922,509.00	$1,018,339.00
Philippines	**$11,887,957.00**	**$2,772,636.00**	**$9,115,321.00**
DOD	$1,000,000.00	$6,928.00	$993,072.00
HHS/CDC	$5,915,954.00	$507,228.00	$5,408,726.00
HHS/HRSA	$1,005,000.00	$ -	$1,005,000.00
USAID	$3,967,003.00	$2,258,480.00	$1,708,523.00
Tajikistan	**$3,900,000.00**	**$3,222,329.00**	**$677,671.00**
HHS/CDC	$1,950,000.00	$1,475,599.00	$474,401.00
USAID	$1,950,000.00	$1,746,730.00	$203,270.00
Thailand	**$13,795,000.00**	**$12,925,374.70**	**$869,625.00**
HHS/CDC	$6,000,000.00	$5,440,225.70	$559,774.00
USAID	$7,795,000.00	$7,485,149.00	$309,851.00
Grand Total	**$123,645,890.00**	**$86,884,718.69**	**$36,761,171.00**

TABLE 8. ROP 2020 | FY 2021 Results & Expenditures - Financial Management OU Dossier

Agency	Indicator	FY21 Target	FY21 Result	% Achievement	Program Classification	FY21 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	77,879	**208,648**	267.91%	HTS Program Area	$1,480,019	14%
	HTS_TST_POS	9,451	**8,606**	91.06%			
	TX_NEW	32,341	**22,621**	69.95%	C&T Program Area	$3,331,224	14%
	TX_CURR	276,217	**284,230**	102.90%			
HRSA	HTS_TST	10,110	**9,973**	98.64%	C&T Program Area	$1,131,870	
	HTS_TST_POS	2,052	**1,574**	76.71%			
	TX_NEW	6,709	**6,106**	91.01%			
	TX_CURR	80,294	**68,564**	85.39%			
USAID	HTS_TST	243,576	**372,268**	152.83%	HTS Program Area	$6,233,067	77%
	HTS_TST_POS	19,882	**17,227**	86.65%			
	TX_NEW	24,100	**22,293**	92.50%	C&T Program Area	$15,216,593	72%
	TX_CURR	222,230	**208,320**	93.74%			
	OVC_SERV	50,000	**34,402**	68.80%	SE Program Area	$1,506,911	62%
					Above Site Program	$16,016,225	
					Program Management	$16,564,468	

SECTION 4: ROP 2022 DIRECTIVES

The following section has specific directives for ROP 2022 based on the program performance noted above. Please review each section carefully including the minimum program requirements.

Minimum Program Requirements (MPR)
All PEPFAR programs – bilateral and regional– must ensure the following minimum program requirements are in place. Adherence to these policies and practices is essential to the success of all PEPFAR programs at the national, subnational, and service delivery levels (e.g. facility, school, community). Evidence demonstrates that the lack of any one of these policies/practices significantly undermines HIV impact and results in inefficient and ineffective programs.

All PEPFAR programs are expected to meet all the requirements below, and the ROP22 Planning Meeting will include a review of the status of each requirement, including an assessment of implementation (including barriers) at the point of client services. To the extent that any requirement(s) have not been met by the time of the ROP22 Planning Meeting, the PEPFAR OU team will need to present a detailed description of existing barriers and the remediation plans proposed that will allow them to meet the requirement(s) prior to the beginning of FY2023. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY2023 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table below.

TABLE 9. ROP 2022 (FY 2023) Minimum Program Requirements

Care and Treatment
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to uninterrupted treatment across age, sex, and risk groups. Status: In process: Test and Start has been adopted and implemented across the region, with only Cambodia and Kyrgyzstan reporting full fidelity at a national level. Issues or Barriers: Challenges vary across the region. Linkage to treatment is suboptimal in some settings, particularly for some key population groups. The region has made advancements in same-day ART (SDART), though there continue to be challenges in ensuring newly identified people are immediately linked to treatment.
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens. Status: In process, with most countries implementing in selected regions and only Cambodia and Kyrgyz operating on national level. Issues or Barriers: All countries have made progress in adopting TLD, at minimum for those newly initiating ART, and much more broadly for others. Procurement and supply chain issues continue to be rate-limiting factors in full implementation of this MPR.
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.

	Status: In process, with only Cambodia, Burma, Kyrgyz operating with full fidelity at a national level. The Philippines has recently adopted this policy but has not actively rolled it out, and Nepal has made significant policy strides since the last ROP. Issues or Barriers: Only about 1/3 of people supported by PEPFAR for ART receive 3+MMD. Thailand, Laos, and PNG are among the countries with the highest proportion of PLHIV receiving 3+MMD, while Nepal, India, and Indonesia have the smallest. Procurement, supply chain, and COVID-related disruptions remain the most significant challenges.
4.	All eligible PLHIV, including children and adolescents, should complete TB preventive treatment (TPT), and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. Status: In process Issues or Barriers: 6 countries have achieved full implementation with fidelity at a national level, the Philippines is preparing, while others achieved it on a partial level in PEPFAR-supported SNUs.
5.	Completion of Diagnostic Network Optimization (DNO) 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. Status: Most countries have only implemented the MPR on the partial level in PEPFAR SNUs. Issues or Barriers: VL coverage remains a key issue for PEPFAR programs in the region across countries; countries ranging from 37% at the lower end to 97% as of Q4 of ROP 20.
	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 should be offered testing for HIV. Status: In process; most countries report a partial level of implementation and scale, with the Philippines, as the newest country in the region, reporting this MPR remains at the advocacy level as of the conclusion of ROP 20. Nepal and Cambodia report national-level implementation with fidelity. Issues or Barriers: The region has faced challenges in index testing and self-testing due to COVID-19. Strengthening provider competency in the elicitation of contacts, and ensuring trust is developed among primarily key populations individuals is paramount. Self-testing is a relatively new intervention across Asia, but important strides have been made.
	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) Status: PrEP has been partially implemented in nine countries in PEPFAR SNUs, an improvement from the prior year, while the rest of the region remains in the preparation, adoption, and beginning advocacy phases as of the conclusion of ROP 20.

	Issues or Barriers: COVID 19, supply chain, and other issues have posed challenges, though several countries have seen strong implementation despite these challenges.
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) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 10-14-year-old girls and boys regarding primary prevention of sexual violence and HIV. Status: In process Issues or Barriers: India remains the only country in Asia with a PEPFAR-supported OVC program and will continue to work on identifying CLHIV and enrolling on ART. Additionally, viral load coverage and the number of CLHIV on MMD need to be improved.
	Policy & Public Health Systems Support
9.	In support of the targets set forth in the Global AIDS strategy and the commitments expressed in the 2021 political declaration, OUs demonstrate evidence of progress toward the advancement of equity, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, and other vulnerable groups. Status: In-process Issues or Barriers: Countries in the region have demonstrated commitment to addressing stigma, discrimination, and human rights-related barriers, for example through their participation in the Global Partners to Eliminate all forms of HIV-Related Stigma and Discrimination, as well as the Global Fund Breaking Down Barriers initiative. Many countries have successfully implemented and scaled training for health care providers and others have institutionalized utilization of surveys to improve services and the experiences of patients. Nonetheless, stigma, discrimination, and violence, particularly those directed at key populations, remain a considerable challenge.
10.	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. Status: In-process Issues or Barriers: There is varying achievement across the Region with some countries reporting no user fees and challenges to be addressed in ROP23 include consistent and accurate reporting on this MPR without gaps.
11.	OUs assure program and site standards, including infection prevention & control interventions and site safety standards, are met by integrating effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) practices into the site and program management. QA/CQI is supported by IP work plans, Agency agreements, and national policy. Status: In-process Issues or Barriers: • Across the region, most countries reported implementation at the partial level in PEPFAR SNUs. The Philippines, as the newest country, has not started implementation.

- Viral load QI/QA continues to be a challenge for many countries. Additionally, some QA/QI activities were delayed or shortened due to COVID-19. Furthermore, QI activities are needed around SDART and IIT for most countries in the region.

12. Evidence of treatment literacy and viral load literacy activities supported by Ministries of Health, National AIDS Councils, and other partner 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.
    Status: In-process.
    Issues or Barriers:
    - The majority of countries implemented literacy activities at the Partial level and only 2 countries (Cambodia and Kyrgyzstan) within the Region have achieved national implementation with fidelity.
    - As a new PEPFAR program, the Philippines is launching literacy activities and U=U campaign in FY22 and will need to continue scaling up.
    - Some treatment centers in KZ are experiencing low PVLS and are in need of more U=U and treatment literacy activities while other countries such Kyrgyz Republic need to work on routinizing U=U and demand creation activities.

13. Clear evidence of agency progress toward local partner direct funding, including increased funding to key populations-led and women-led organizations in support of Global AIDS Strategy targets related to community-, KP- and women-led responses.
    Status: In-process
    Issues or Barriers: The majority of countries are reporting progress toward local partner funding on a partial level, with Cambodia and Thailand at completed. However, PNG and the Philippines have not yet advanced this MPR. Components specifically related to KP-led responses are new for ROP 22 and have not yet been reported. Thailand and Cambodia have led the region in innovative approaches to support KP-led CSOs; others such as the Kyrgyz Republic have also led the region in advancing social contracting to CSOs.

14. Evidence of partner government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.
    Status: In-process
    Issues or Barriers:
    - Six countries reported increased host resources expended at the national level and six countries reported increased host resources expended at the partial level.
    - Challenges vary in the region, and COVID has driven challenges in national HIV budgets.

15. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.
    Status: In-process

- The majority of countries are implementing on a partial level and five countries have achieved implementation with fidelity at the national level.

- Some countries are waiting to roll out systems for monitoring and reporting while others, such as the newest PEPFAR program, the Philippines, have reported rising mortality in recent years.

16. Scale-up of case surveillance and unique identifiers for patients across all sites.
    Status: In-process
    Issues or Barriers:

- The Region reported five countries implementing on a national level, three countries partially implementing, and four remaining in the preparation phase. Challenges include lack of technical and organizational capacity as well as limited financial resources in-country.

Asia Region MPR Updates Summarized

	Test&Start w/immediate >95% linkage	Increased host resources expended	ART and VL literacy activities	CQI Practices	TPT scale-up	DNO and 100% access to VL	PrEP	Scale-up CBS/UIC	Index and HIVST scale-up	M/M monitoring & reporting	TLD transition	DSD/6MMD	Progress toward local prime
Cambodia	National	National	National	National	National	National	Partial	Preparing	National	Partial	National	National	Achieved
Thailand	Partial	National	Partial	National	Partial	National	Partial	National	Partial	National	Partial	Partial	Achieved
Burma	Partial	Partial	Partial +	Partial	Partial	Partial	Partial	Preparing	Partial	Partial	Partial	National	Partial
India	Partial +	National	Partial +	Preparing	Partial	Partial	Adopted	Preparing	Partial	National	Partial +	Partial	Partial
Kyrgyzstan	National	Partial	National	National	National	National	Partial	National	Partial +	National	National	National	Partial
Tajikistan	Partial +	Partial	Partial	Partial	National	Partial	Partial	National	Partial +	Partial	National	Partial +	Partial
Nepal	Partial +	Partial	Partial	Partial	National	Partial	Partial +	Partial	National	National	National	Partial	Partial
Indonesia	Partial	National	Partial	Partial +	Partial	Partial	Preparing	Preparing	Partial	Partial +	Partial	Partial	Partial
Kazakhstan	Partial	National	Partial	Partial +	National	Partial	Partial	National	Partial +	National	Partial	Partial	Partial
Laos	Partial	Partial	Partial	National	Partial +	National	Partial	Partial	Partial	Partial	National	Partial	Partial
PNG	Partial	Partial	Partial	Adopted	National	Partial	None	Partial	Partial	Partial	Partial	Partial	None
Philippines	Partial	National	Partial	None	Preparing	Preparing	Partial	National	None	Partial	Preparing	Adopted	None

National	Scaled with fidelity to all regions/sites
Partial	Implemented in select regions/sites (+: Implemented w/fidelity in all PEPFAR regions)
Preparing	Actively preparing for national rollout (e.g., training, SOPs, drug registration in progress)
Adopted	Policy adopted nationally, but not actively rolling out
None	Policy not yet adopted, advocacy-level

In addition to meeting the minimum requirements outlined above, it is expected that Asia Region will consider all the following technical directives and priorities. A full list of COP 2022 Technical Priorities and Considerations are listed in COP guidance and can be referenced in Section 6.

PrEP

In ROP 2022, PrEP should continue to be scaled up with a focus on ensuring policy and programmatic access to PrEP for higher incidence populations. Populations prioritized for PrEP should be tailored to the OU's epidemic context with a focus on Key Populations (including sex workers, men who have sex with men, transgender people, people in prisons and other closed settings, people who inject drugs).

Addressing Structural Barriers to KP service delivery for all OUs

ROP 22 plans should prioritize and take specific steps to address the structural barriers that impede the scale-up of KP-led and KP-competent differentiated HIV services, as well as the lack of robust data to guide

key populations' programming. To strengthen strategic information to guide KP responses, plans may include efforts to strengthen individual-level data systems and analyses and address gaps in subnational data. Addressing structural barriers should entail improving the enabling environment for HIV service delivery; mitigating harmful policy and social norms that fuel stigma, discrimination, and violence faced by key populations; strengthening the capacity of key populations organizations, and strengthening the KP competency of HIV service providers. PEPFAR teams should ensure they are coordinating strategically with relevant State and U.S. government units (e.g. DRL), partner government, multilateral, and other donor funding streams and institutions. As part of the new ROP 22 MPR, PEPFAR teams will be expected to describe and present their approach to improving KP data and addressing barriers to accelerated KP-centered HIV services during ROP 22 planning meetings.

ROP 2022 (FY 2023) Technical Directives

Regional Technical Directives:

- **PrEP:** Countries in the Region will scale up micro-targeted PrEP, accelerate PrEP services such as online roll-out, and expand on TA activities.
- **Case Finding:** Align and advance testing policies and approaches with WHO guidelines while continuing to refine methods to increase the success of index testing (including ensuring safe and ethical testing), self-testing, and roll out recency testing. Continue to implement and improve upon case-finding strategies that have been successful in identifying key populations, especially new, previously unreached networks. Universal offer of index testing continues to be a PEPFAR priority.
- **Treatment:** Promote the maximal implementation of test and start at a national level, including by addressing barriers to timely linkage and initiation of ART. Continue to support efforts at SDART, while refining case management and systems of client segmentation for treatment continuity, including expanding targeted support for those KPs falling out of care. Given the loss in clients diagnosed but not yet started on ART, each country should document and addresses the key barriers to rapid / same-day initiation of ART. All countries should track the time to initiation of ART data for all clients and develop interventions to improve uptake of same-day / rapid ART.
- **Multi-month dispensing:** Increase MMD in low-coverage countries and begin transitioning clients from 3 to 6MMD in countries with high 3MMD coverage that permit 6MMD by ensuring sufficient stock of ARVs at national and site level, conducting routine monitoring to prevent stockouts, training providers on MMD guidelines, establishing MMD focal person at the facility to review patient files and identify clients not yet on 3 or 6 MMD, and improving treatment literacy among clients/create demand for MMD. In countries where the policy does not permit 6MMD, continue to engage MOHs to adopt 6MMD policy in national TX guidelines.
- **Program Footprint:** All countries should maintain their current geographic footprint; the Asia region will not have geographic expansion within countries during ROP22.
- **Sustainability:** In partnership as a region, each country should analyze current program investments to identify opportunities to support partner country governments and/or local partners to take greater responsibility. During ROP22, each country should develop a roadmap for the next three years that intentionally engages and builds the capacity of partner governments to ensure the sustainability of core elements of the HIV response.

Country-Level Technical Directives:

Burma

- Prioritize continuity of treatment and maintain progress toward epidemic control during the humanitarian crisis.
- Continue to innovate and adjust program delivery to ensure differentiated care such as expanding index testing and introducing self-testing, expanding PrEP through community-based distribution points, and increasing viral load coverage among people, particularly in remote areas. Strengthen CSO and private sector capacity and coordinate with key stakeholders to ensure continuity of HIV commodity supply and program data collection.

Cambodia

- Continue support for recency testing, ensuring results and findings are utilized to guide and focus the response.
- Continue support for PrEP expansion.
- Support the national program to initiate 90-95% of newly diagnosed PLHIV on ART within 7 days of diagnosis. Rapidly scale up same-day ART (ART started on the same day as HIV diagnosis, SDART) to at least 80%, and rapid ART initiation (within 7 days of HIV diagnosis).
- Support the national program to continue MMD scale-up including 6-month dispensing. The national program should ensure a scale-up of 3- MMD for children 2-5 years old and a 6-month dispensing for children over age 5 years, adolescents, and adults, such that the majority of PLHIV eligible for MMD have 6 or more months of ARV dispensed at a time.
- Support the national program to improve access to VL in 11/25 provinces with VLC 90%

India

- Concentrate on repairing program damage caused by high burden COVID waves. The India team has done substantial work on diagnosing challenges and identifying solutions and should focus on implementing the identified solutions.
- Focus on refined, targeted, and differentiated testing strategies to ensure populations at risk are identified; focus on, high-risk communities, social network testing, continued expansion of safe and ethical index testing, as well as HIV self-testing advocacy
- Implement client-centric tailored prevention models utilizing a combination of physical, virtual, behavioral, and biomedical prevention tools and scaling up PrEP in the private sector, integrating PrEP into KP-focused clinic, and initiating discussions with stakeholders on long-acting PrEP.
- Integrate precision medicine/deep learning to examine community structures to identify optimal points of intervention
- Complete and utilize findings from diagnostic network optimization (DNO) to ensure public sector labs capacities are fully utilized as well as optimization of VL/EID diagnostic network by mapping the clinical demand against the lab capacities and implementing QA and accreditation of viral load labs.

Indonesia

- Continue to advocate with the government in order to advance minimum program requirements
- Strengthen the use of case profiling/segmentation data to increase testing efficiencies
- Expand online testing services and HIVST for hidden populations
- Strengthen National M&E systems to improve the reporting of higher-risk individuals tested
- Improve monitoring and tracking of clients on ART
- Address continuity of treatment challenges with treatment interruptions & mortality
- Support gradual decrease of legacy ARVs and transition to TLD
- Establish phased transition plan and the timeline for 3MMD in Jakarta and Greater Jakarta
- Incorporate Advanced HIV Disease management approaches in alignment with WHO guidelines
- Strengthen collaboration with GF to better align resources and improve continuity of treatment

Kazakhstan

- Focus on implementing with fidelity to improve linkage, test and start and reduce interruptions in treatment
- Accelerate & expand recently introduced PrEP program nationwide
- Optimize ART (TLD & DTG-based treatment), pooled procurement
- Strengthen adherence counseling, treatment & VL literacy to achieve VLS
- Develop & implement regulatory documents to introduce HIV recency testing into routine practice

Kyrgyz

- Support laboratory accreditation and quality management systems for all HIV and HIV related laboratory testing
- Expand HIV self-testing among most-at-risk populations, and continue to refine testing modalities to improve case finding
- Expand community distribution and management of ART
- Increase patient-centric PrEP coverage/Community PrEP

Laos

- Enhance PEPFAR package (SDART, MMD6, IIT reduction, TPT) to ensure treatment continuity; Promote differentiated care at ART and POC ART to improve access to treatment
- Scale-up PrEP and expand demand creation
- Accelerate index testing uptake, support HIV self-testing; establish response teams to investigate clusters of recent infections and strengthen recency data sharing with CBOs
- Strengthening Laos MOH to manage DHIS2 and utilize data for program monitoring at a national and sub-national level. Ensuring community-led monitoring data are used for program improvement planning.

Nepal

- Concentrate on sustainability planning as Nepal continues to close the gap towards the 1st and 2nd 90s.
- Continue to improve upon the scale-up of high positivity, targeted HIV testing approaches including Social Network Testing (SNS) or other peer-driven case finding approaches among key populations.

- Scale-up quality HIV prevention services, including PrEP scale-up for key and priority populations
- Support differentiated service delivery approaches including scaling-up MMD, integrating Advanced HIV disease management, and improving IIT reporting completeness and analysis to increase access and uptake of ART and reduce treatment interruption.
- Increase Viral Load Coverage by working with Global Fund to ensure complete forecasting to cover needed VL testing reagents and to ensure sufficient supply and timely delivery of reagents to the lab.
- Utilize data to identify specific gaps in the VL testing cascade and implement solutions.

PNG

- Strengthen implementation of index testing as well as Social Network Testing (SNS) with peer-driven case finding approaches for KPs
- Strengthen KP prevention packages (including PrEP) to help identify KPs confidentially at different service and outreach points
- Collaborate with private providers to strengthen referrals, ART dispensing, and reporting; and support CSOs in institutional strengthening
- Reduce interruptions in treatment through differentiated service delivery models including active case management and multi-month dispensing, as well as reducing mortality through services such as the TB package of care
- Support the implementation and operationalization of findings and recommendations to optimize HIV VL testing coverage, such as increasing utilization and functionality of GeneXpert Network, addressing demand creation, and sample referral linkages with a formal plan to finalize and monitor the sample referral network
- Strengthen the national QI Framework in the NCD and increase TA for procurement and quantification exercises to ensure commodity coverage in the NCD and nationally.

Philippines

- Continue to utilize regional assets model to rapidly scale up above site and site-level activities including knowledge from KPIF model to engage CSOs and improve linkage for KPs
- Continue to expand PrEP and initiate revisions to national guidelines to incorporate PrEP into more service delivery sites
- Expand index testing and Social Network Strategies among all KP groups, especially among MSM/TG and PWID populations.
- Institutionalize data-driven case management and CQI to include community-led services through public and community-led monitoring systems
- Conduct national DNO for HIV and TB networks, and increase VL coverage by increasing utilization and functionality of GeneXpert Network. Develop a plan to address demand creation, sample referral linkages, and finalizing and monitor sample referral network
- Facilitate the transition to domestic procurement of TLD and PrEP viral load cartridges by addressing persistent supply chain bottlenecks

Tajikistan

- Expand PrEP coverage among KPs and other populations with a substantial risk in all PEPFAR sites. Support advocacy of PrEP.
- Aggressively identify solutions to address the gap in the 1st 90/95; consider self-testing expansion particularly among marginalized, high-risk key populations utilizing effective distribution streams e.g. Trust-Points, pharmacies, on-line, health-care facilities, etc. Integration of self-testing with key prevention services, such as PrEP; further develop and refine targeted, impactful case-finding strategies, including index testing and social network testing.
- Enhanced ART initiation, retention, and adherence through strengthened peer navigator and community-based linkage and adherence approaches
- Prioritize sites with low VLC &/or high % of patients that need to achieve VLS for clinical mentoring.

Thailand

- Continuing to support national PrEP expansion model and scaling up daily and event-driven, community-based PrEP methods
- Expanding PEPFAR treatment package in community-based settings and increasing fidelity of facility-based models
- Develop and implement a plan to improve VLC to 95%. Has remained stagnant at around 85% for most of FY21; expanding community-based VL testing and advocating for community VL testing reimbursement from National programs
- Intensify 95-95-95 efforts through provincial ending AIDS network
    - Perform cumulative tracking and management of KP layered prevention package
    - Strengthen linkage between community-facility services
    - Promote program improvement planning by utilizing community-led monitoring
- Strengthen KP CSO sustainability
    - Expand KPLHS TA model to GF supported sites
    - Continue rollout CHW/CSO certification and accreditation

HIV-related stigma and discrimination: Within the region, **Thailand** has been selected to participate in the focal countries collaboration, 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, in a set of focal countries over a 3-5 year period. The focal countries' collaboration will help advance efforts toward meeting the 10-10-10 societal enabler targets and PEPFAR's minimum program requirement #9 and will build upon existing initiatives, activities, and coordinating mechanisms. As an initial step, PEPFAR Thailand is requested to work with partners to convene a meeting during the strategic planning meeting window (January 24th - February 11) to take stock of key opportunities to advance national efforts to address HIV-related stigma and discrimination, such as, as applicable, national strategic plans, activities under the Global Partnership, and new evidence provided by the PLHIV Stigma Index 2.0, or other surveys. It is expected that such stock-taking will inform coordinated action in funding and implementing comprehensive programmatic strategies to reduce stigma and discrimination at scale and promote partner government and community leadership at the country level.

ROP 2022 Active Engagement with Community and Civil Society (see section 2.5.3 of COP Guidance)

The full participation of community stakeholders and civil society in every stage of PEPFAR programming, planning, and monitoring, as appropriate and consistent with applicable law, regulations, and policy, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV. Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional, and international civil society and community stakeholders, multilateral partners, and the partner country government.

Civil society organizations are essential to be invited to participate in the virtual COP22 strategic retreats, planning meetings, as well as approval meetings. In particular, engagement with local CSOs at the country level is required and should begin early and continue during the entirety of the ROP planning, monitoring, and implementation process.

This engagement of civil society, including faith-based organizations/faith communities, specifically includes the sharing of FY 2021 Q4 and FY 2021 Annual Program Results (APR), analyses, and the convening of an in-country planning retreat with local stakeholders, no later than the week of February 7, 2022, in order to introduce and discuss all ROP 2022 tools, guidance, results, and targets as well as the proposed trajectory and strategy for ROP 2022. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund, with teams demonstrating how complementarity was achieved to ensure a maximal impact on the HIV/AIDS epidemic is achieved.

In March 2022, PEPFAR will convene virtual meetings where outstanding decisions will be discussed and finalized. In addition to partner country representatives, the meetings will also include representatives from local and international civil society and community organizations, faith-based organizations/faith communities, the private sector, and multilateral partners. Specific guidance for the 2022 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout ROP 2022 development, finalization, and implementation. As in ROP 2021, the draft Strategic Direction Summary (SDS) is required to be shared with both CSO and FBO stakeholders for their input and comments at least 7 days prior to submission to S/GAC. Please refer to the COP 2022 Guidance for a full list of requirements and engagement timelines. In addition, a more detailed timeline for sharing key data visualizations and other information with stakeholders is forthcoming.

Community-led Monitoring (CLM)

In addition to prescribed and routine engagement during PEPFAR's annual business cycle, including around ROP planning and quarterly POART processes, all PEPFAR programs are required to develop, support, and fund community-led monitoring (CLM) in close collaboration with independent, local civil society organizations and host country governments. Community-led monitoring in ROP22 should build on prior activities in ROP21 and be designed to help PEPFAR programs and health institutions pinpoint persistent problems, challenges, barriers, and enablers to effective client outcomes at the site level. In addition to being data-driven and action-oriented, CLM should continue to ensure indicators are defined by communities and health service users, and data should be additive and not a duplicate collection of routine data already available to PEPFAR through MER or SIMS. New in ROP22, PEPFAR-supported community-led monitoring programs must include an explicit focus on key populations. CLM should be utilized to advance equity and to support improvement in programs, especially for populations who have not yet fully experienced the benefits of HIV epidemic control. For example, OUs with pediatric care and treatment programs should consider utilizing CLM to track and ensure accountability for a child, adolescent, and family-centered care.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment: Each OU's ROP 2022 minimum requirement for the care and treatment earmark is reflected in Table 2. If there is no adjustment to the ROP 2022 new funding level due to an adjustment in the applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2022 GHP-State and GHP-USAID funding. The Care and Treatment earmark will be calculated as the sum of the following:

- 100% Care and Treatment (C&T) Program Areas
- 50% Testing (HTS) Program Areas
- 100% Above Site Program: Laboratory System Strengthening
- 70% Pregnant and Breastfeeding Women Beneficiary Group
- Proportional % Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the C&T earmark)

Orphans and Vulnerable Children (OVC): Each OU's ROP 2022 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2022 GHP-State and GHP-USAID funding. The OVC earmark will be calculated as the sum of the following:

- 85% (DREAMS initiative funding — commodities planned under DREAMS initiative — Any HTS interventions planned under DREAMS initiative — Any C&T intervention planned under DREAMS initiative)
- 100% (OVC Beneficiary group funding — commodities planned under any intervention with OVC beneficiaries — Any HTS planned under interventions with OVC beneficiaries
- Proportional Program Management (Proportional Program Management will vary by mechanism and will be determined by the amount of other interventions at the mechanism that count towards the OVC earmark)

Gender-Based Violence (GBV): Each OU's ROP 2021 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total **new FY 2022** funding programmed to the GBV cross-cutting code. Your ROP 2022 earmark is derived by using the final ROP 2021 GBV earmark allocation as a baseline. The ROP 2022 planned level of new FY 2022 funds for GBV can be above this amount; however, it cannot fall below it.

Initiative Controls: Table 3 shows initiative controls where S/GAC has directed funding for a set of activities that cannot be accounted for through program areas and/or beneficiaries alone. These controls can be exceeded without a control change, but a control change would be required before a lower level for these activities can be planned.

While the CLM initiative does not appear in PLL budget tables, as CLM remains a requirement in ROP 2022 for all OUs, each OU is responsible for programming a portion of funds under the **Community-Led Monitoring** initiative.

Community-Led Monitoring - During ROP 2020, PEPFAR invested in the expansion of community-led monitoring, making it a requirement of all OUs, as a critical way to listen to community voices in the assessment of program quality and design of client-centered services. Community-led monitoring remains a requirement in FY 2023.

In addition to the five initiatives above, S/GAC may also allocate funding to OUs under two additional initiative controls: **Condoms (GHP-USAID Central Funding)** and **One-Time Conditional Funding**. If the OU was designated to receive funding under either one or both of these initiatives in ROP 2022, Table 3 will reflect these amounts. Unless otherwise noted, country teams should meet these funding controls when programming in their FAST.

Condoms (GHP-USAID Central Funding) - This initiative control denotes the amount of GHP-USAID central funding the country team may use to procure male and female condoms, lubricants, and to ship these commodities to the OU. Any additional condoms and lubricants to be procured with PEPFAR funding should be budgeted in the FAST with bilateral funding.

USAID Southern Africa Regional Platform - This initiative is for the country's share of the costs to operate the USAID Southern Africa Regional Platform, which provides administrative and technical support for Angola, Botswana, Eswatini, Lesotho, and Namibia. These funds were previously planned as part of the bilateral COP funding, but are now budgeted and notified centrally, with country amounts included as central funding in the overall COP levels for Angola, Botswana, Eswatini, Lesotho, and Namibia. Only these 5 countries may use this initiative, and this initiative can only be used with central funding specifically provided as part of the PLL controls.

One-Time Conditional Funding - The release of any funding made available under this initiative is contingent upon the OU's ability to meet all requirements outlined in their final ROP approval memo. OUs that fail to meet these minimum standards may be ineligible to receive these funds for programmatic implementation in FY 2023.

No control is set in the PLL for the **HBCU Tx** and **Surveillance and Public Health Response** initiatives, but OUs may include relevant funds under these initiatives instead of Core Program as appropriate.

All funding not attributed to one of the nine ROP 2022 initiatives above should be attributed to the **Core Program** initiative.

For additional details on initiatives, see the PEPFAR Financial Classifications Reference Guide.

Programmatic Controls: Table 4 shows programmatic controls where S/GAC has directed funding for certain programmatic activities. These controls can be exceeded without a control change, but a control change would be required before a lower level for these activities can be planned. Since every dollar programmed in ROP must belong to one initiative, programmatic controls will be a subset of one or more initiative controls, even if the standard Core Program initiative.

PrEP (KPs) – The PrEP (KPs) programmatic control tracks all funding budgeted under the Prevention – PrEP program area and sub-program area for all sub-beneficiaries under the KP beneficiary. The control encompasses both service delivery (SD) and non-service delivery (NSD) activities, inclusive of any

commodities costs. OUs should tailor the distribution of funds to SD and NSD based on the country context prioritizing the provision of PrEP services and increasing the number of KPs on PrEP wherever possible. Countries with a PrEP (KPs) control should expect to program no more than 10 to 30 percent of their control as non-service delivery.

State ICASS: Table 5 shows the amount that the OU must program under State for ICASS Costs.

Funds Programmed under State/SGAC (S/GAC TBDs)

No funding may be programmed under State/SGAC without prior approval from S/GAC M&B. In general State/SGAC TBDs are only used in extraordinary and or unusual circumstances. To the degree that funding is approved, the rationale and any conditions attached to the funding will be documented by M&B. Any S/GAC TBDs approved during ROP 2022 planning will require supplemental language in the OU's ROP 2022 approval memo, clearly outlining the process for how these funds can be accessed. Any funds that have not been distributed to agencies before the end of FY 2023 may be subject to reprogramming in future planning cycles towards the same OU or another OU.

ROP 2022 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

Whenever possible, all agencies within an OU should hold several months of pipeline at the end of ROP 2022 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. If an agency/OU combination has a history of over-outlays, or in cases where an agency/OU ROP envelope has increased in recent years, there may not be sufficient funding to maintain this buffer. With the exception of the Dominican Republic, Ethiopia, Haiti, South Sudan, Zimbabwe, Asia Regional Program, and Western Hemisphere Regional Program, which should hold up to four months of pipeline, all other OUs are permitted to hold no more than three months of buffer pipeline.

Any agency that anticipates ending ROP 2021 implementation (end of FY 2022) with a pipeline in excess of three or four months is required to apply this excessive pipeline to ROP 2022, decreasing the new funding amount to stay within the planning level.

Transitioning HIV Services to Local Partners

To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. In COP19 Guidance, PEPFAR set a goal that 40% of partners must be local by the end of FY19, and 70% by the end of FY20.While considerable progress was made in this effort, the 70% mark was not achieved by all agencies in all OUs, and thus in FY22 and FY23, teams must continue to prioritize this so that the 70% goal can be realized. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY23 as appropriate through their COP/ROP 2022 submission.