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INFORMATION MEMO FOR AMBASSADOR HEARNE, MOZAMBIQUE

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

THROUGH: S/GAC Chair, Jason Bowman and PPM, Michelle Zavila

SUBJECT: Fiscal Year (FY) 2023 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassador Hearne,

First and foremost, I sincerely hope that you and your team 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 efforts – 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 Country/Regional Operational Plan (COP/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 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 COP/ROP22 together with the country government, civil society, and multilateral partners. Across 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 COP/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 team for:

- Consistent gains in quarterly treatment growth and progress towards 95-95-95 despite COVID-19, as well as expansion of 3MMD, TLD, and other patient-centered DSD models during the pandemic,
- Improvements in viral load coverage and viral load suppression in all provinces, age bands, and among KPs, and
- Scaling and improving quality of critical prevention interventions including Cervical Cancer, VMMC, and PrEP.

Together with the Government of Mozambique and civil society leadership we have made tremendous progress together. Mozambique should be proud of the progress made over the past 18 years of PEPFAR implementation and we are deeply grateful for the ongoing deep 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 mitigations 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 PEPFAR Mozambique:

- Ensure high quality testing services, including comprehensive coverage of index testing,
- Addressing treatment continuity challenges in children and youth as well as low viral load coverage for PLHIV ages 15-29, and low viral load suppression for children, and
- Increase prevention for adolescent girls and young women (AGYW) by improving DREAMS implementation, performance, and data collection.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP/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 own targets across PEPFAR program areas (with the treatment current target no less than the result that was to be achieved in COP 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 COP/ROP 22 notional budget for Mozambique is **$401,000,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program directives provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Government of Mozambique and civil society of Mozambique, 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 on the basis of 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 COP/ROP22 planning and approval process.

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

Sincerely,

Angeli Achrekar

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

CC: **S/GAC – Jason Bowman, Chair; Michelle Zavila, PPM; Jacquelyn Sesonga, PEPFAR Country Coordinator**

Overview: COP/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 Country Operational Plan (COP) 2020 and current COP 2021 implementation as we plan for COP 2022. We have noted the following key successes and challenges:

Successes

1. Mozambique's treatment cohort grew by over 250,000 PLHIV on treatment, the highest NET_NEW recorded in program history. Treatment growth was noted across all provinces and sub-populations, with six provinces (Manica, Nampula, Zambezia, Sofala, Cabo Delgado, and Niassa) exceeding 5% quarterly growth.
2. Sustained a TLD transition for adults above 90% throughout FY 2021, and above 95% in Q4. Mozambique also rapidly scaled multi-month dispensation (MMD), with 75% of patients at PEPFAR supported sites on 3 or 6 months of MMD, with the majority on these clients on 3MMD. 6MMD expansion efforts are underway in two provinces (11% of TX_CURR in Maputo City and 2% of TX_CURR in Gaza). In COP20, numerous DSD models became available at more sites, including ARV distribution by APEs and private pharmacies, mobile brigades, and community ARV distribution by health providers.
3. Viral load suppression (VLS) improved from 83% in FY 2020 to 92% in FY 2021, and viral load coverage in AJUDA sites increased from 61% in FY 2020 to 77% in FY 2021. Additionally, viral load coverage and suppression gains were made across all age bands disaggregated by sex in FY 2021.
4. PrEP initiations increased almost 400% percent, from 11,122 in FY 2020 to 44,328 in FY 2021. The increase was reflected in overall OU achievement, as well as with Key Populations (KP), pregnant and lactating women (P/LW), and AGYW. National scale-up from 3 to 11 provinces is underway in the current fiscal year.
5. Expansion of cervical cancer screening programs that reached 179,161 women living with HIV, 126% of the COP20 target, by the end of FY 2021. Mozambique also continued to increase treatment coverage, reaching 87% CXCA_TX coverage in FY 2021 Q4 compared to 71% in FY 2020 Q4.

Challenges

1. While the number of contacts of index clients tested through index testing, as well as the number of positive contacts identified trended upward for index case-testing (ICT), PEPFAR Mozambique needs to close remaining gaps in testing. In order to achieve 100% coverage across all PEPFAR supported sites, efforts to ensure voluntary index testing services are offered to all persons newly diagnosed with HIV, high viral load and to persons returning to care in a safe and ethical manner, particularly in provinces where ICT coverage is sub-optimal are essential.
2. Continued improvements in continuity of treatment across the clinical cascade are needed. Pediatric retention remained below 90%, and percent of interruption in treatment (IIT) was highest, above 5%, among males ages 01-4, 20-24, and 25-29, and females ages 01-04, 15-19, and 20-24. Mozambique should continue to learn from the initial MMD launch in FY 2021 and FY 2022 to expand to 6MMD, person-centered DSD for all populations including PBFW and pediatrics, as well as YAPS and other case management programs to reduce treatment interruptions.
3. Although there were improvements, viral load suppression (VLS) and viral load coverage (VLC) among young children and adolescents are lagging. VLS for CLHIV remained low at 51% for <01, 57% for 01-04, and 75% for 05-09 age bands in FY 2021 Q4. Mozambique should continue to optimize laboratory networks to improve VLC and turn-around time, including, if budgets allow, limited expansion of multiplexing for point of care (POC) VL for pediatrics and pregnant and breast-

feeding women. Additionally, finalizing the pediatric regimen optimization and rapidly transitioning children to DTG-based regimens is a priority.

4. DREAMS expanded from 9 to 32 districts in COP20, however due to challenges and setbacks with curriculum roll-out for Primary Package Completion and Parenting Programming, only 3.4% of DREAMS beneficiaries completed the primary package.

As Mozambique has not yet reached the UNAIDS 90-90-90 goals, PEPFAR should continue to drive toward epidemic control by focusing and refining strategies launched in COP20 and COP21 to close remaining geographic and demographic treatment gaps. This includes identifying PLHIV and initiating them on treatment, tailoring treatment programs to meet client's needs and minimizing treatment interruption, and expanding effective interventions to prevent new infections. PEPFAR should continue the current programmatic course, and target resources to address the largest known gaps until PHIA results allow for greater precision. Particular attention should be given to:

- Prevention of Mother-to-Child Transmission (PMTCT), Orphans and Vulnerable Children (OVC), and the Pediatric Cascade,
- Prevention: Strengthening of the DREAMS program and expansion of PrEP for AGYW and KP,
- Adaption of the program to address specific challenges of internally displaced persons (IDPs) as a result of conflict and/or natural disaster, and
- Expansion of PEPFAR support (clinical TA, CQI, SI, etc.) to additional high-volume sustainability sites as funding permits and/or by shifting resources from high-performing facilities that may no longer need intensive PEPFAR support.

Please note, while more specific program directives are detailed in Table 10, program priorities are not only limited to what is included in the COP22 Planning Level Letter. Please continue to advance program areas beyond the scope of what is specified herein based on COP22 guidance.

SECTION 1: COP/ROP 2022 PLANNING LEVEL

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

TABLE 1: All COP 2022 Funding by Appropriation Year

	Bilateral				Central				Total
	FY22	FY21	FY20	Unspecified	FY22	FY21	FY20	Unspecified	TOTAL
Total New Funding	**$ 380,417,011**	**$ -**	**$ -**	**$ -**	**$ 900,000**	**$ -**	**$ -**	**$ -**	**$ 381,317,011**
GHP-State	$ 377,342,011	$ -	$ -		$ -	$ -	$ -		$ 377,342,011
GHP-USAID	$ -				$ 900,000				$ 900,000
GAP	$ 3,075,000				$ -				$ 3,075,000
Total Applied Pipeline	**$ -**	**$ -**	**$ -**	**$ 19,682,989**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 19,682,989**
HHS/CDC				$ 2,682,171				$ -	$ 2,682,171
HHS/HRSA				$ 1,274,202				$ -	$ 1,274,202
PC				$ 2,819,697				$ -	$ 2,819,697
USAID				$ 12,906,919				$ -	$ 12,906,919
TOTAL FUNDING	**$ 380,417,011**	**$ -**	**$ -**	**$ 19,682,989**	**$ 900,000**	**$ -**	**$ -**	**$ -**	**$ 401,000,000**

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

Countries should plan for the full Care and Treatment (C&T) level of $273,961,500 and the full Orphans and Vulnerable Children (OVC) level of $37,062,500 of the PLL 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: COP 2022 Earmarks by Appropriation Year*

	Appropriation Year			
	FY22	FY21	FY20	TOTAL
C&T	$ 273,961,500	$ -	$ -	$ 273,961,500
OVC	$ 37,062,500	$ -	$ -	$ 37,062,500
GBV	$ 3,876,800	$ -	$ -	$ 3,876,800
Water	$ 866,000	$ -	$ -	$ 866,000

**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: COP 2022 Initiative Controls: Each dollar planned in COP can belong to only one initiative. Most COP 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	**$ 400,100,000**	**$ 900,000**	**$ 401,000,000**
Core Program	$ 326,706,100	$ -	$ 326,706,100
Cervical Cancer	$ 5,500,000	$ -	$ 5,500,000
Condoms (GHP-USAID Central Funding)	$ -	$ 900,000	$ 900,000
DREAMS	$ 35,000,000	$ -	$ 35,000,000
OVC (Non-DREAMS)	$ 7,693,900	$ -	$ 7,693,900
VMMC	$ 25,200,000	$ -	$ 25,200,000

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	**$ 140,000**	**$ -**	**$ 140,000**
PrEP (AGYW)	$ -	$ -	$ -
PrEP (KPs)	$ 140,000	$ -	$ 140,000

TABLE 5: State ICASS Funding

	Appropriation Year
	FY22
ICASS	$ 355,880

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

SECTION 3: PAST PERFORMANCE – COP/ROP 2020 Review

TABLE 6. COP/ROP OU Level FY21 Program Results (COP20) against FY22 Targets (COP21)

Indicator	FY21 Result (COP20)	FY22 Target (COP21)
TX Current <15	87,529	99,908
TX Current 15+	1,521,124	1,760,493
VMMC 15+	130,312	200,352
DREAMS (AGYW PREV)	193,543	163,859
Cervical Cancer Screening	344,097	312,041
TB Preventive Therapy	317,606	699,882

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

OU/Agency	Approved COP/ROP 2020 Planning Level	Total FY 2021 Outlays	Over/Under Outlays
Mozambique	**$418,863,688**	**$400,144,787**	**$18,718,902**
DOD	$8,151,620	$10,818,872	-$2,667,252
HHS/CDC	$190,462,023	$178,818,584	$11,643,439
HHS/HRSA	$4,329,256	$4,175,257	$153,999
PC	$3,092,221	$1,351,554	$1,740,667
State	$2,921,716	$2,959,672	-$37,956
USAID	$120,754,422	$115,366,316	$5,388,106
USAID/WCF	$89,152,430	$86,654,531	$2,497,899
Grand Total	**$418,863,688**	**$400,144,787**	**$18,718,902**

TABLE 8. COP/ROP 2020 | FY 2021 Results & Expenditures

Agency	Indicator	FY21 Target	FY21 Result	% Achievement	Program Classification	FY21 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	4,573,389	**6,690,397**	146.29%	HTS Program Area	$18,010,260	78%
	HTS_TST_POS	371,038	**248,497**	66.97%			
	TX_NEW	367,887	**244,363**	66.50%	C&T Program Area	$77,040,849	50%
	TX_CURR	1,469,578	**1,282,201**	87.25%			
	VMMC_CIRC	54,907	**46,292**	84.31%	VMMC Sub-Program Area	$5,250,039	45%
	OVC_SERV	458	**N/A**	N/A	OVC Beneficiary	N/A	N/A
DOD	HTS_TST	45,557	**45,309**	99.46%	HTS Program Area	$233,348	100%
	HTS_TST_POS	4,699	**5,401**	114.94%			
	TX_NEW	4,499	**5,294**	117.67%	C&T Program Area	$4,052,440	100%
	TX_CURR	24,048	**24,685**	102.65%			
	VMMC_CIRC	17,526	**26,848**	153.19%	VMMC Sub-Program Area	$1,742,729	100%
USAID	HTS_TST	1,443,414	**1,173,492**	81.30%	HTS Program Area	$4,857,698	92%
	HTS_TST_POS	125,526	**65,791**	52.41%			
	TX_NEW	105,587	**51,729**	48.99%	C&T Program Area	$111,440,832	92%
	TX_CURR	356,840	**301,775**	84.57%			
	VMMC_CIRC	59,114	**57,172**	96.71%	VMMC Sub-Program Area	$5,456,329	98%
	OVC_SERV	477,012	**648,467**	135.94%	OVC Beneficiary	$14,303,002	82%
HHS/HRSA	HTS_TST	N/A	**N/A**	N/A	HTS Program Area	$100,987	0%
	HTS_TST_POS	N/A	**N/A**	N/A			
	TX_NEW	N/A	**N/A**	N/A	C&T Program Area	$1,937,776	39%
	TX_CURR	NA	**N/A**	N/A			
	VMMC_CIRC	N/A	**N/A**	N/A	VMMC Sub-Program Area	$136,747	0%
					Above Site Programs	$16,912,123	
					Program Management	$56,255,858	

SECTION 4: COP/ROP 2022 DIRECTIVES

The following section has specific directives for COP 2022 based on 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 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 of the requirements below, and the COP22 Planning Meeting will include a review of the status of each requirement, including 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 COP22 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. COP/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: Completed Summary: Test and start in place in all facilities. Overall linkage remained above 93% across FY 2021 however linkage for age groups varies and is still <95% for age bands (5-29 yos and 50+).
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: Completed Summary: DTG use increasingly widespread. 96% of adolescents and adults on TLD as of FY 2021 Q4. DTG 50 mg and LPV/r formulations at 42% and 58% consumption rates for children respectively, NVP consumption has been virtually eliminated. Pediatric DTG is in-country with dispensing to begin in January 2022.
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 Summary: 75% of clients are on 3 or 6-month MMD (mostly 3 month). 6MMD expansion efforts are being discussed with MISAU and estimates for previously approved sites (80) in Gaza are being finalized; expansion expected to start in FY 2022 Q2. Maputo City resumed 6MMD enrollment in FY 2022 Q1.
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 Summary: While there was an increase in total clients who completed TPT in FY 2021 Q4 (81%), there was wide variability in completion across provinces. Maputo, Maputo City, Military Mozambique and Tete had >90% completion while Cabo Delgado, Inhambane, and Gaza's TPT completion was <72%.
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. Status: Completed Summary: Diagnostic Network Optimization exercise finalized in FY 2020; Plans moving forward to continue to optimize VL testing network, aiming to reduce TAT of results for priority populations. Mozambique currently does not have laboratory capacity for 100% coverage of viral load testing, but EID capacity is robust, with POC network continuing to outperform conventional EID PCR testing.
	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 Summary: Facility and community index testing modalities continued to scale, with IPs identifying 30% of positives from index testing. Early results from community-based self-testing pilot show that 66% of HIVST recipients were 15-29 yos, 7% of HIVST recipients who were followed-up had positive results and 29% of HIVST users followed-up never previously tested. Team should continue to work with MOH to clarify testing guidelines for children of HIV+ parents up to the age of 19.
	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: In-process Summary: While the majority of PrEP users are sero-discordant couples (SDC) (47%), expansion of PrEP screening and offer within maternity wards is now reaching more pregnant and lactating women (18% in September FY 2021). PrEP initiations increasing almost 400% percent between FY 2020 and FY 2021. 44,328 were newly initiated and PrEP_CURR was 57,717 in FY 2021 Q4. Geographic coverage of PrEP is expected during FY 2022. PEPFAR should continue to collaborate with MISAU to expand PrEP access for priority populations across all provinces as rapidly as possible.
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 in regard to primary prevention of sexual violence and HIV. Status: Completed Summary: 99% of comprehensive OVC beneficiaries have known HIV status, and 100% of HIV+ OVC are confirmed to be enrolled in ART. Despite COVID restrictions, the OVC program was able to reach 315,063 boys and girls 9-14 years-old with primary prevention of sexual violence and HIV interventions.
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 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 Summary: Overall, testing and treatment are widely available, and mechanisms have been created to help overcome physical barriers to access, but there is evidence that a great number of people are abandoning treatment due to stigma and discrimination. CLM evaluation also reported that PLHIV are discriminated against by specific providers and/or general lack of respect for their human rights, which is followed by further stigma and discrimination. In FY 2021, CLM partners conducted assessments on registered grievances in health facilities, identifying health staff behavior as a leading cause. Issues were addresses with a resolution rate of 84%.
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: Completed Summary: Mozambique does not have formal user fees for HIV and HIV-related services.
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 site and program management. QA/CQI is supported by IP work plans, Agency agreements, and national policy. Status: Completed Summary: Site-level quality assurance and improvement processes dynamically adapted to COVID-19 context through development of a new site assessment tool and virtual support practices.
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: Completed Summary: In COP21 Mozambique will further expand stigma reduction, treatment literacy, and

community-led monitoring activities through direct funding to CNCS, PEPFAR small grants, strategic marketing approach, and cooperative agreements with local organizations.
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 Summary: In FY 2021, 26% of PEPFAR Mozambique's budget transitioned to local partners (a 7% increase compared to FY 2020). The majority of PEPFAR funding is still programmed through international partners and agencies should continue to look for opportunities to transition to local entities when possible.
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 Summary: While GRM supports health systems and allocated $10 million to HIV commodities (ARVs and test kits) in COP19, they were unable to meet the financial commitment most especially for ARVs in COP20 due to economic constraints and the ongoing COVID-19 pandemic.
15. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity. Status: In-process Summary: PEPFAR and non-PEPFAR stakeholders continue to work on monitoring and reporting of morbidity and mortality outcomes but not on a national level.
16. Scale-up of case surveillance and unique identifiers for patients across all sites. Status: In-process Summary: Exists but is limited in scale.

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

Table 10. COP/ROP 2022 (FY 2023) Technical Directives

Mozambique –Specific Directives
HIV Clinical Services
1. Case-finding: PEPFAR Mozambique supported identification of over 300 thousand PLHIV during FY 2021. The majority of new diagnoses were through provider-initiated testing (PITC, emergency-ward and ANC). Index testing comprised 30% of new positives, an increase from FY 2020. Self-tests were distributed to 10,703 clients, largely targeting priority populations. For COP 22: • Continue to improve quality of index-case testing at PEPFAR supported sites with goal that all new positives or unsuppressed clients are offered safe and ethical index testing services. • Provide TA to continue to scale self-testing; particularly for men, Key Populations, AGYW, children, and other priority populations. • Implementation of a validated risk-screening tools for adults and pediatric population in order to prioritize testing for individuals most likely to test positive for HIV across all PEPFAR supported facilities.

- Continue efforts to ensure that all children of parents living with HIV have a known status.

2. Linkage and Initiation of Treatment: Overall linkage rates were 93%, with some noted variability between geographies, and age and sex bands. Linkage was lower for clients 15-39 for both sexes. For COP 22:
   - Additional attention and efforts should be given to increase linkage for male and female clients ages 15-39. Reinforce evidence-based, peer-delivered linkage services for all clients following HIV diagnosis to include intensified post-test counselling and education, comprehensive service referral and linkage system that seeks to identify and address clients' personal challenges and is supportive rather than insistent or coercive, systematic monitoring and evaluation of enrollment in HIV care and ART initiation outcomes, including monitoring of first drug pick-up, etc.

3. Continuity of Treatment Services: Continuity continued to improve during FY 2021 due to expansion of person-centered DSD models, including 3MMD, community ART distribution, private pharmacies, and others. However, there is still significant room to close gaps for all age and sex bands, particularly for young men and women, and pediatrics. For COP 22:
   - Build off of COP20 and COP21 implementation efforts for 6MMD, initiating expansion efforts in all provinces.
   - Continue to expand person-centered DSD for all populations, including PBFW and pediatrics.
   - Expand YAPS and other youth case management programs to reduce interruption.
   - Utilize CLM to identify and remediate barriers to client satisfaction.
   - Continued building of CQI culture through HIV service delivery platform.
   - Design and/or refine continuity of treatment services for IDPs.

4. Viral Load Coverage and Suppression: Mozambique made incredible gains in both VLC and VLS in FY 2021. By Q4, 92% of clients testing were suppressed and suppression improved for all age bands. For COP22 PEPFAR Mozambique should continue to support ongoing efforts, including:
   - Continue to optimize laboratory network to improve VLC and turn-around time, including limited expansion of multiplexing for POC VL for pediatrics and pregnant and breastfeeding women if budgets permit.
   - Finalize pediatric regimen optimization.

5. Key Populations: Clinical outcomes for KP receiving services through PEPFAR continued to be strong in FY 2021 but challenges with stigma and needed expansion of prevention interventions are noted. For COP22, PEPFAR Mozambique should continue to deliver high quality clinical services and focus on:
   - Scale up of PrEP for KP (please note budget controls for PrEP in Table 4) and if possible, fund demand creation, mobile clinics, training of providers and other client-centered interventions will be needed to improve uptake and continuation and to reduce potential stigma related to taking ARVs as a preventive measure.
   - Continue to support GRM to update policies, guidelines and IEC to deploy novel biomedical prevention products and delivery systems such as oral PrEP, long-lasting injectable PrEP, and event-driven PrEP.
   - In coordination with Global Fund:
     - Determine if resources can be leveraged for PrEP and new biomedical prevention products, and
     - Expand footprint in order to increase coverage of KP groups.
   - If resources permit, build on GF-funded IBBS to develop small area estimates for KP groups.

6. Pediatrics: Mozambique has made significant progress to improve outcomes for pediatrics living with HIV. Despite these successes, significant challenges remain to eliminate vertical transmission

of HIV and close the treatment gap for children and adolescents. Mozambique is one of seven PEPFAR-supported countries with the largest gaps per UNAIDS 2020 estimates triangulated with PEPFAR data/footprint. For COP 22, PEPFAR Mozambique should prioritize the following:

- COP submission must clearly describe existing gaps (including those related to service delivery and socioeconomic needs) and how COP22 will program to achieve specific goals/targets that will address these gaps. Budgetary specificity for each of these beneficiary groups should be provided in the FAST. Pediatric and PMTCT human resources should be allocated, as needed, to reach goals/targets. Throughout the year the seven OUs will be expected to have dedicated, regular, review meetings to monitor and evaluate progress and take corrective action if necessary through the POART process. Reviews should also include detailed expenditure analysis to ensure appropriate resources are directed to closing PMTCT/Pediatric gaps.
- Deploy a broader case finding approach with a mixture of modalities. Additionally, an increase in the index testing modality is needed, given the high positivity and low HTS_TST numbers.
- Pediatric ART optimization should be prioritized to ensure optimization to a DTG-based regimen. Ensure timely optimization to DTG without delaying for VL monitoring.
- Efforts should be made to optimize lab network and prioritize CLHIV for POC VL where appropriate.
- Partners should undertake patient level chart review in facilities with the lowest VLC/VLS and flag charts for appropriate follow up.
- Pediatric cycle of interruption and return to ART (CIRA) and IIT have improved in the last few quarters, but remain higher than desired, with higher rates of CIRA seen in the northern provinces. Ensure appropriate community support for all CLHIV especially those <5 years old through referral and enrollment into OVC, Mentor Mothers, Family-centered models of clinical care, alignment of medical and ART pick-ups with caregivers, referral into DSD programs and MMD etc.
- Ensure the OVC program and targets are aligned with highest clinical need for community support.

7. OVC: Clinical outcomes for CLHIV in comprehensive OVC programming continue to outperform the overall pediatric cascade. In FY 2021, PEPFAR Mozambique added more CLHIV to the comprehensive OVC program. Based on FY 2021 Q4 data, the proxy coverage of existing PEPFAR OVC programs in Mozambique is 83% for TX_CURR <15 and 57% for TX_CURR <20 in OVC PSNUs. The total estimated coverage of OVC programs compared to the number of C/ALHIV currently on treatment across Mozambique and supported by PEPFAR is estimated at 57% for TX_CURR <15 and 39% for TX_CURR <20. Efforts to align OVC programs with pediatric burden will continue during FY 2022. For COP22 PEPFAR Mozambique should:
   - Conduct analyses to understand how well the OVC program is geographically aligned with clinical programs/sites. OUs that do not already have a consensus definition for high-volume pediatric sites should reach out to their SI and PEDS, OVC liaisons for further guidance and support. Pending the results of these analyses, and key factors such as A/CLHIV population dispersion, shifts in geographic placement, and target allocation for OVC partners may be necessary. It may also be necessary to shift some targets and resources from 10-14 prevention to increase comprehensive beneficiaries.
   - Further and improved collaboration with facilities will ensure that >90% or more of children and adolescents on ART with PEPFAR support in OVC SNUs are offered the opportunity to enroll in the comprehensive OVC program. Conduct high volume site analysis to ensure OVC program alignment with high volume sites in OVC SNUs, and to identify highest priority SNUs for expansion (greatest volume of C/ALHIV, with poor clinical outcomes).

8. PMTCT and EID: PEPFAR Mozambique had strong performance in key areas of PMTCT programming during COP20. The percentage of pregnant women with known HIV status at antenatal care remained between 99-100% and ART coverage for HIV positive pregnant women remained above 98% across quarters. However, there was an increase in the number of HIV-negative women retesting positive during post ANC1 in Q4 and an overall positivity yield of 6.2%. EID testing coverage for AJUDA sites steadily improved during COP20 however there is limited understanding of EID progress at sustainability sites. EID Coverage for <2 mo infants began with 74% coverage and improved to 92% coverage by Q4. EID coverage for <12 mo infants improved from 84% in Q1 to 100% in Q4. Still, more improvements in reducing HEI positivity in Northern Provinces and improving HEI linkage at the national level should be prioritized. PEPFAR Mozambique should:
   - Continue to implement maternal retesting through the breastfeeding period, scaling in sites and provinces with higher POST ANC1 positivity yields.
   - Continue the implementation of HIV risk assessment screening and the offer of PrEP for HIV-negative PBFW.
   - Build on efforts to lower HEI positivity rates over time by continuing to prioritize the scale-up of POC EID testing by ≤2 months.
   - As resources allow, expand use of POC VL for PBFW at high risk for default.
   - Further expansion of facility and community support structures, including group ANC, mentor mothers, or other programs, and alignment of support with PBFW patient volume and MTCT rates.

9. Tuberculosis: PEPFAR Mozambique increased the number of total clients who completed TPT in Q4 to 192,123 (81% coverage). However, there was wide variability in completion across provinces, with TPT completion below 72% in Cabo Delgado, Inhambane, and Gaza. TB screening rates remain low at 70.9%, and TX_CURR not screened varied from 5-39% by province. For COP22:
   - Work closely with implementing partners to identify and address barriers resulting in regional variability for TPT enrollment and completion.
   - Expansion of DSD for TB services (including community screening/drug distribution) and continued roll out of 3HP.
   - Continue to scale screening and/or novel diagnostic technologies.

10. Advanced Disease Management: In COP20 Mozambique achieved completion of advanced diseases package of care and training of trainers for all provinces, including IPs. Overall IIT rates continued to decrease, with strong TLD and DSD models uptake and raising rates of VLS which will help reduce the number of PLHIV with AHD over time. In COP21, implementation of the AHD package will take place in phases. Twenty-six sites were selected by the MoH to start in January 2022. Priorities for COP22 include:
    - To the extent possible, utilize MozART, EPTS or custom queries by partners to monitor the fidelity of roll-out of the AHD package once commodities arrive. Simple key metrics could include the percentage of eligible patients screened with CD4, the percentage of those screening positive, the percentage of those given CTX and the percentage offered a TB-LAM assay and CrAg test.
    - As funding allows, expand implementation of the AHD package in COP22 at key sites in northern provinces where IIT rates are higher and VLS rates are lower. Consider implementation of the AHD package with the Visitect POC method (and procurement of tests) in smaller sites with limited timely access to CD4 testing.

HIV Prevention Services

PEPFAR Mozambique continued to deliver high quality prevention interventions, achieving almost all targets for FY 2021. Of note, the cervical cancer program exceeded screening targets and increased treatment rates to over 80%, and PrEP initiation increased by 400% from FY 2020. For COP22, PEPFAR Mozambique should focus on the following aspects of DREAMS, AGYW Prevention, PrEP, VMMC, and Cervical Cancer programming, as well as refine prevention efforts for IDPs:

1. DREAMS:
   - Work with partners to ensure quality of program and completion of primary package across age groups, especially prioritizing recruitment support for 10-14-year-olds. Additional analysis is needed to determine which entry points are identifying the most vulnerable; if there are any errors with how the vulnerability assessment is conducted; and what is the reason for lower completion of a service, especially among 10-14-year-olds.
2. Expand AGYW access to PrEP through safe spaces:
   - Focus on expanding adolescent and youth friendly health services (AYFHS) and improving quality of service delivery with periodic monitoring and assessments.
3. PrEP:
   - In COP 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 Mozambique'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), adolescent girls and young women including pregnant and breastfeeding AGYW, and other identified higher-incidence populations.
   - Simplify and decentralize PrEP service delivery, including minimized testing requirements, and community-based models of initiation and monitoring. Continue to explore multi-month dispensing and public-private partnerships where possible.
   - Increase PrEP_NEW target by 50% or more to reflect national scale-up efforts. It is recommended that PEPFAR Mozambique disaggregate for KP, PBFW, and AGYW populations in the COP22 FAST budget and if possible, retroactively disaggregate the COP21 resources for reference.
4. VMMC:
   - Continue to adapt and refine demand creation and service delivery for COVID-19, scale up in a deliberate, controlled fashion, and monitor sites for compliance with risk mitigation standards. Continue to modify demand creation and service delivery activities to achieve success for those 15+.
5. Cervical Cancer:
   - Continue to provide CQI to improve treatment rates, and
   - Introduce and expand use of thermal ablation and novel diagnostics.

Other Government Policy, Systems, or Programming Changes Needed

Mozambique continued to advance key policies in COP20 and into COP21, including 6MMD expansion in two provinces and updated national DSD guidelines. The MenStar Coalition to reduce barriers to treatment, expand strategic marketing, and rebrand HIV services for men, was also successfully launched in COP20. Above site programming including the expansion of EPTS to 603 health facilities serving >500 patients was achieved. A few above site activities were delayed such as national unique identifier implementation and the strengthened capacity of national medical stores to collect, analyze, and disseminate HIV supply chain data. While PEPFAR's primary focus should remain on closing gaps along the clinical cascade, strategic investments to strengthen the underlying systems and address systemic barriers needed to sustain epidemic control should continue. Specifically:

1. Government Policy:

- As part of COP22 discussion, provide analysis on recency testing for future implementation. Begin groundwork and analyze gaps for implementation of recency testing in COP23.

2. Supply Chain:
   - Maintain private sector engagement and continue to build resilience throughout the supply chain to ensure stock availability to maintain client-centered services.

3. Laboratory:
   - Continue efforts to improve laboratory systems by operationalization of the Diagnostic Network Optimization (DNO), in coordination with the TB Diagnostic Network Analysis (DNA), and establishment of a consolidated sample transport system.

4. HMIS:
   - Focus existing systems and new investments on data integration and interoperability capabilities.
   - Harmonize sustainable community health and OVC information systems across health programs and integrated into government-led national strategic plans for digital health.
   - Enhancement of EPTS leveraging global goods to implement clinical decision support functionality.
   - If funds are available, install EPTS and other data systems in select sustainability sites.
   - Investments in MISAU-managed data repository and standardization of DQA approaches.

5. HRH:
   - Continue to optimize staffing investments and adjust staffing models to provide client-centered services. Expand local partner and private sector HRH capacity to build a more flexible and resilient workforce for HIV services.

6. Stigma & Discrimination efforts:
   - Mozambique 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 teams are 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, settings prioritized under the Global Partnership For Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, new evidence provided by the PLHIV Stigma Index 2.0 and GF Breaking Down Barriers mid-term assessments. 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.
7. Structural Barriers for Key Populations:
   - COP22 plans should prioritize and take specific steps to address the structural barriers that impede 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 COP22 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 COP22 planning meetings.
8. Community Led Monitoring: • Coordinate funding with GF to ensure national coverage of CLM.

COP/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 and 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 COP 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 COP/ROP 2022 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/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 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, 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 COP/ROP 2022 development, finalization, and implementation. As in COP/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/ROP 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 COP/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 COP22 should build on prior activities in COP21 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 COP22, 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 child, adolescent, and family-centered care.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment: Each OU's COP/ROP 2022 minimum requirement for the care and treatment earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2022 new funding level due to an adjustment in 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 COP/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)

Abstinence, Be Faithful/Youth (AB/Y) Reporting Requirement: If AB/Y-programmed activities do not reach a 50 percent threshold of all sexual prevention funding, as calculated by the formula below, in any country with a generalized epidemic, S/GAC is required to report to the appropriate Congressional committees on the justification for the decision. Generalized epidemic countries which do not meet the 50 percent threshold must provide a brief written justification in FACTS Info, explaining the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors.

Abstinence, Be Faithful/Youth (AB/Y) programming, formerly captured in the HVAB budget code, will now be captured by using a combination of prevention program areas and beneficiaries, which are identified in the formula below. The numerator captures those interventions that are Abstinence, Be Faithful/Youth (AB/Y) programming, and the denominator approximates all sexual prevention activities. The proportion of Abstinence, Be Faithful/Youth (AB/Y) programming as a proportion of all sexual prevention activities is calculated by dividing the numerator by the denominator:

Numerator

Prevention: primary prevention of HIV and sexual violence

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, and boys)

+

Prevention: community mobilization, behavior, and norms change

(For OVC, OVC caregivers, young people and adolescents, children, young women and adolescent females, girls, young men and adolescent boys, boys, adults, not disaggregated)

Denominator

Prevention: primary prevention of HIV and sexual violence (all populations)

+

Prevention: **community mobilization, behavior, and norms change** (all populations)

+

50 % Prevention: **Not disaggregated** (all populations)

Gender Based Violence (GBV): Each OU's COP/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 COP/ROP 2022 earmark is derived by using the final COP/ROP 2021 GBV earmark allocation as a baseline. The COP/ROP 2022 planned level of new FY 2022 funds for GBV can be above this amount; however, it cannot fall below it.

Water: Each OU's COP/ROP 2021 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total **new FY 2022 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2021 water earmark allocation as a baseline. The COP/ROP 2022 planned level of new FY 2022 funds for water 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.

The four initiative controls below (**Cervical Cancer**, **DREAMS**, **OVC (non-DREAMS)**, and **VMMC**) have been assigned to the appropriate OUs. For OUs where these controls are designated in

the PLL, the amounts reflect the minimum required. These initiative controls can be exceeded without a control change, but a control change request would be required before a lower level for these activities can be planned.

Cervical Cancer - This initiative provides funding for all activities related to cervical cancer screening and diagnosis and treatment of precancerous cervical lesions for women living with HIV as outlined in the COP Guidance.

DREAMS - The DREAMS initiative should capture all funding specifically allocated as DREAMS in the OU's planning level and must be used for the goal of HIV and sexual violence prevention among adolescent girls and young women (AGYW) ages 10-24 years (unless otherwise approved) in approved DREAMS SNUs in accordance with the DREAMS and COP Guidance. The DREAMS initiative can also include prevention interventions in DREAMS geographic areas for girls and boys aged 10-14 which may be cost shared with the OVC (non-DREAMS) initiative as noted in the COP guidance.
OVC (non-DREAMS) - OVC (non-DREAMS) is a new initiative in COP/ROP 2022. OUs should use the initiative to budget for OVC (non-DREAMS) programming, including all OVC comprehensive activities as outlined in the COP Guidance. The OVC (non-DREAMS) initiative should include ASP, SE, and PREV costs (except PrEP and VMMC) linked to any OVC beneficiary (including sub-beneficiaries such as OVC caregivers). As the initiative is new for COP/ROP 2022, OUs should pay particular attention to funds programmed under OVC (non-DREAMS) to ensure that the current cohort of children enrolled in the comprehensive program receive continuity of care for FY 2023. The OVC (non-DREAMS) initiative can also include prevention interventions for girls and boys aged 10-14 which may be cost-shared with the DREAMS initiative as noted in the COP guidance. The OVC (non-DREAMS) initiative cannot be met with any HTS, C&T, PM or commodities costs.

VMMC - All services and equipment related to providing surgical and ShangRing VMMC for boys/men ages 15 and above, and ShangRing circumcision only for boys age 13 and 14 years, should be budgeted using the VMMC initiative.

While the CLM initiative does not appear in PLL budget tables, as CLM remains a requirement in COP/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 COP/ROP 2020, PEPFAR invested in expansion of community-led monitoring, making it a requirement of all OUs, as a critical way to listen to community voices in 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 these initiatives in COP/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 COP/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 COP/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 COP 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 (AGYW) – The PrEP (AGYW) programmatic control tracks all funding budgeted under the Prevention – PrEP program area and sub-program area for the Females – Adolescent Girls and Young Women sub-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 AGYW on PrEP wherever possible. Countries with a PrEP (AGYW) control should expect to program no more than 10 to 30 percent of their control as non-service delivery.

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 COP/ROP 2022 planning will require supplemental language in the OU's COP/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.

COP/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 COP/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 COP envelope has increased in recent years, there may not be sufficient funding to maintain this buffer. With the exception of 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 COP/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 COP/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.