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INFORMATION MEMO FOR CHARGE D'AFFAIRES RENZ, SOUTH SUDAN

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

THROUGH: George Alemnji and Ayibatari Burutolu

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

Dear CDA Renz,

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:

- Transitioning 98% of current patients to 6-month MMD, and 96% to TLD
- Maintaining high rates of orphans and vulnerable children who know their HIV status and are on treatment, and for providing services to adolescent and young women enrolled in DREAMS.
- Scaling up the community cadre of health workforce and using Granular Site Management, ECHO and Zoom Platforms to improve communication between sites and individuals
- Expanding Point of care testing (POCT) to conduct multi-disease testing at over 30 facilities

Together with the Government of South Sudan and civil society leadership we have made tremendous progress together. South Sudan 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 South Sudan:

- Instability, violence, unrest, floods, and poor quality of health services remains a key challenge for program implementation in South Sudan.
- Poor treatment growth and case finding remain barriers to program improvement. The current national ART treatment coverage is only 23%.
- Viral load testing coverage and suppression remain low among all populations in this country. Similarly, early infant diagnosis (EID), particularly at 2 months remain low.
- Human resource capacity limitations coupled with a complex operating environment create limited site and community quality improvement needed for visible performance enhancement.

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 South Sudan is **$40,000,000** 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 South Sudan and civil society of South Sudan, 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 – George Alemnji, Ayibatari Burutolu**

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. South Sudan has one of the highest percentages of MMD/TLD transition amongst all PEPFAR countries. PEPFAR South Sudan has transitioned 98% of current patients to 6-month MMD, and 96% of patients to TLD as the 1st line ARV. This was accomplished through concerted and coordinated efforts by the PEPFAR team with National government and site-level providers, community-driven demand from patients, weekly tracking of scale-up at sites, and advocacy for 6-month and TLD procurements. As a result, South Sudan's 6-month multi-month drugs are helping to address challenges of access and distance from health facilities.
2. South Sudan's OVC program provided services to 4,022 beneficiaries, achieving 105% of their targets. The program continues to maintain 100% of HIV positive on ART and 92% of OVC comprehensive beneficiaries less than 18 years old with a knowledge of their HIV status. South Sudan's DREAM program has also shown achievement, with a focus on economic strengthening and post-GBV services, 93% of adolescent girls and young women enrolled have started or completed a service.
3. PEPFAR South Sudan has successfully established and scaled up the community cadre of health workforce specifically for HIV/AIDS service delivery. Job aids and tools were designed and developed for these community outreach volunteers to initiate their trainings and further preparations. South Sudan has also increased use of weekly and monthly dashboards for Granular Site Management, which has helped guide data discussions, and closely monitor program performance. This dashboard in addition to ECHO and Zoom platforms, have improved communication between sites and individuals.
4. PEPFAR South Sudan has expanded Point of Care Testing (POCT) to over 30 facilities, a majority of which are conducting multi-disease testing (TB, EID, HIV VL, COVID, EVD and yellow fever). The capability to conduct multi-disease testing provide a cost-effective, streamlined approach for diagnosis and disease management.

Challenges

1. Instability, violence, unrest, and floods in South Sudan pose the greatest challenge to success of the PEPFAR program in this country. Collaboration with other multilateral organizations in the humanitarian, health, and governance space (along with the Government of South Sudan) is essential to the success of the program. Having a PEPFAR Coordinator at post in Juba is critical to facilitate these important relationships and coordinate the overall program.
2. Poor treatment growth and case finding remain serious obstacles for South Sudan, with a low ART coverage of 23%. This is due to a combination of inefficient case finding strategies, significant interruptions in treatment (IIT), low return to treatment (RTT) and minimal treatment continuity. These issues are further exacerbated by insecurity, high levels of stigma and discrimination, and low client treatment literacy.
3. Viral load testing coverage and suppression remain low among all populations in this country. Similarly, early infant diagnosis (EID), particularly at 2 months remain low. This is due various factors including but not limited to viral load and EID coverage expansion, low positive follow-up, weak demand creation, instrument downtime, and supply chain issues.

4. Human Resource capacity limitations, coupled with a complex operating environment create limited site and community quality improvement needed for visible performance enhancement.

Given your country's status of achieved or are near achieving epidemic control, the following priority strategic and integrated changes are recommended:

1. Implement a strategic mix of person-centered HTS to close 1st 95 gaps across subpopulations (e.g., children and men) and SNUs. This strategic mix should include universal offer of safe and ethical index testing services and implementation of facility- and community-based approaches.
2. Improve on data systems and make more use of CSOs and CVOs to minimize treatment. interruption and appropriately tract and return patients to treatment using local best practices from other facilities and partners.
3. Improve diagnostics for VL, EID and TB by creating more demand for testing, conducting diagnostic network optimization and accelerating multiplex use of POC platforms for EID and VL among infants, children, and pregnant and breastfeeding women.

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	$ 39,345,971	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 39,345,971
GHP-State	$ 39,145,971	$ -	$ -		$ -	$ -	$ -		$ 39,145,971
GAP	$ 200,000				$ -				$ 200,000
Total Applied Pipelir	$ -	$ -	$ -	$ 654,029	$ -	$ -	$ -	$ -	$ 654,029
USAID				$ 654,029				$ -	$ 654,029
TOTAL FUNDING	$ 39,345,971	$ -	$ -	$ 654,029	$ -	$ -	$ -	$ -	$ 40,000,000

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

Countries should plan for the full Care and Treatment (C&T) level of $26,428,600 and the full Orphans and Vulnerable Children (OVC) level of $2,384,300 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	$ 26,428,600	$ -	$ -	$ 26,428,600
OVC	$ 2,384,300	$ -	$ -	$ 2,384,300
GBV	$ 255,500	$ -	$ -	$ 255,500

**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	**$ 40,000,000**	**$ -**	**$ 40,000,000**
Core Program	$ 35,910,327	$ -	**$ 35,910,327**
DREAMS	$ 2,000,000	$ -	**$ 2,000,000**
OVC (Non-DREAMS)	$ 589,673	$ -	**$ 589,673**
VMMC	$ 1,500,000	$ -	**$ 1,500,000**

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.

DRAFT	Bilateral	Central	TOTAL
Total Funding	**$ -**	**$ -**	**$ -**
OVC Comprehensive	$ -	$ -	**$ -**
PrEP (KPs)	$ -	$ -	**$ -**
PrEP (AGYW)	$ -	$ -	**$ -**
	$ -	$ -	**$ -**
	$ -	$ -	**$ -**

TABLE 5: State ICASS Funding

	Appropriation Year
	FY22
ICASS	$ -
ICASS TOTAL	$ -

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	1,907	5,442
TX Current >15	37,796	55,366
VMMC >15	3,838	7,957
DREAMS (AGYW PREV)		2,300
Cervical Cancer Screening		
TB Preventive Therapy	2,856	31,852

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
South Sudan	**$39,407,693**	**$31,806,523**	**$7,601,170**
DOD	$3,058,561	$1,916,631	$1,141,930
HHS/CDC	$24,381,163	$23,198,152	$1,183,011
State	$350,000	$0	$350,000
USAID	$11,617,969	$6,691,740	$4,926,229
Grand Total	**$39,407,693**	**$31,806,523**	**$7,601,170**

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	338,591	**283,957**	83.86 %	HTS	$1,590,410	82%
	HTS_TST_POS	20,858	**7,736**	37.09 %			
	TX_NEW	20,888	**8,436**	40.36 %	C&T	$11,239,508	71%
	TX_CURR	48,065	**30,136**	62.7 %			
	VMMC_CIRC						
	OVC_SERV						
DOD	HTS_TST	19,989	**12,565**	62.86 %	HTS	$135,082	0.0%
	HTS_TST_POS	1,754	**795**	45.32 %			
	TX_NEW	1,652	**699**	42.31 %	C&T	$755,906	0.0%
	TX_CURR	5,956	**2,026**	34.02 %			
	VMMC_CIRC	5,303	**3,838**	72.37 %	Sub-Program	$1,051,975	0.0%
	OVC_SERV						
USAID	HTS_TST	80,829	**70,201**	86.85 %	HTS	$1,801,619	87%
	HTS_TST_POS	5,813	**3,202**	55.08 %			
	TX_NEW	4,464	**2,569**	57.55 %	C&T	$2,207,391	84%
	*TX_CURR	13,760	**7,541**	54.80 %			
	VMMC_CIRC						
	OVC_SERV	3,848	**4,022**	104.52 %	Beneficiary	$1,136,960	75%
					Above Site Programs	$3,742,131	
					Program Management	$8,018,130	

**USAID TX CURR Data reflects current inputs in system of record*

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: In-process Issues or Barriers: Facility-based is ongoing with same day initiation in all PEPFAR-supported facilities.
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 Issues or Barriers: As of November 30, 2021, over 98% of current patients have transitioned to TLD. pDTG tools-SOP and job aids have been developed. pDTG roll out in FY22 Q2.
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 Issues or Barriers: As of October 2021, 98.9% of current clients on six-month MMD.
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: By FY21 Q2 and Q4, the country experienced INH stock out and only ICAP provided TPT services using FY20 facilities left stock, other IPs completed the TPT supplies in

	FY20. This interfered with our TPT initiation in FY21. As a result, only 13.2% of 21,604 TPT target denominator were achieved but with good completion rate of 99.8% (2,856/2862). No TPT for children started.
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: In-process Issues or Barriers: Currently, the country has 27 facilities with GeneXpert diagnostic platforms for TB and C-19 testing. By end of FY21Q4, 66% of the EID tests were conducted in 23 of 27 facilities and 12% of the VL tests done in 15 of the 27 facilities. POCT VL testing targeted Pregnant and Breastfeeding mothers, clients with HVL and children on ART. The overall utilization of the GXP diagnostic platforms was 50% for the four (TB, C-19, EID and VL) tests combined.
	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 Issues or Barriers: Safe and ethical Index testing have been scaled up both in the facility and community level. HIVST commodities are projected to arrive in March, but SOPs already developed.
	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 Issues or Barriers: MoH with support from PEPFAR South Sudan, is working on a PrEP national manual to support PrEP launch and roll out when commodities become available. About 2000 beneficiaries are targeted for the initial order projected to arrive in March.
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 Issues or Barriers: In Juba, the OVC program enrolled all CALHIV for follow up. All children in beneficiary households are being actively supported to test and those found positive linked to treatment.
	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 Issues or Barriers: As a new MPR, we will work to further address this requirement. Currently, meetings are being conducted with community leaders in select regions and monthly activities are being developed to address stigma, discrimination, and lack of HIV awareness.
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: Not started Issues or Barriers: This is not applicable for South Sudan.
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: / In-process Issues or Barriers: SIMS implementation delayed due to COVID, but should resume soon in Juba. Other CQI-like interventions are being implemented virtually in several facilities.
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: Client Treatment Literacy materials developed, printed, and disseminated to facilities and CSOs
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 Community Led Monitoring award was granted to NEPWU, a local South Sudanese organization. The IntraHealth AHEC award has three local sub-grantees to which they are providing capacity building and have been assigned specific community-based activities for mentorship.
14.	Evidence of partner government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended. Status: Not started Issues or Barriers: This is not applicable for South Sudan.
15.	Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.

Status: Not started Issues or Barriers: This is not applicable for South Sudan.
16. Scale-up of case surveillance and unique identifiers for patients across all sites. Status: Not started Issues or Barriers: Initial sentinel surveillance activities begun. No progress on unique identifier

In addition to meeting the minimum requirements outlined above, it is expected that South Sudan 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

South Sudan –Specific Directives
HIV Case Finding • Aggressively scale-up targeted HIV testing approaches to: (1) optimize PITC, (2) optimize testing positivity with case finding volume, and maximize epidemiologic impact, (3) establish community testing, (4) universally offer safe and ethical index testing to people living with HIV and all biologic children (< 19 years of age) of a parent living with HIV, and (5) establish strategies to reach men • Scale-up best practices and innovation from recent surge in Rumbek and CSOs engagement to address IIT and return to care • Continue with case finding innovative strategies to ensure that there is counseling of people living with HIV who come to the health facilities to get their partners and children tested. Where feasible especially at the outpatient department, provide brief health awareness talks on partner notification services to patients to increase the number of people who know their HIV status and percent positivity rates. Strengthen the counseling messages through the development of elicitation strategies using local slangs. Train healthcare providers in the use of diagnostic, testing history/knowledge of HIV status and behavioral characteristics to identify those at risk of HIV. Establish quality community HTS to bring services closer to clients.
HIV Treatment and Viral Load • Maintain current ART treatment sites and improve treatment growth • Focus treatment approaches to: 1) optimize interruption poor return to treatment; 2) build community volunteer capacity to take services closer to the community; 3) strengthen last mile delivery; 4) implement quality client literacy at facility and community levels; and 5) refine site GSM • Create more demand for VL, EID & TB testing; (2) ensure use of POC for EID and VL among infants, children and PBFW; (3) establish VLSM remote ordering and result return for VL at high volume facilities; (4) integrate and optimize data/information system for TB, EID, VL, other diseases, and (5) improve NPHL QI processes towards accreditation • Initiate HIVST after securing commodities

- Using the already established ECHO platform to prioritize a standard curriculum based in-service training program for facility level work force, particularly the ART medical officers, hospital nurses, counselors, lab technicians and community health volunteers

OVC and DREAMS

- Maintain OVC comprehensive services. Continue prioritizing enrollment of newly initiated C/ALHIV, especially those aged 15-18.
- Expand OVC services to cover additional geographic area outside Juba with high volume of C/ALHIV and poor pediatric outcomes, to provide targeted support for C/ALHIV and their families, with the goal of improving clinical outcomes for children and adolescents.
- Expand targets to reach additional AGYW and expand DREAMS to other sites within Juba to reach saturation

VMMC

- Initiate VMMC mobile outreach services in select sites outside Juba that meet IPC and quality standards

PrEP

- PEPFAR South Sudan should continue to engage with UNDP and MOH to ensure commodity availability
- In COP 2022, PrEP should be offered 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), adolescent girls and young women including pregnant and breastfeeding AGYW, and other identified higher-incidence populations.

Above Site

- Strengthen overall national data to ensure synergy with country wide DHIS-2
- Continue TA and direct support to expansion of good data management systems (DHIS-2, MOH data alignment, integration of daily and weekly dashboards into DHIS-2) across programs, at all facilities, not just limited to county level aggregates
- Organize a national HIV data summit to harmonize data collection and tracking efforts
- Improve last mile delivery of HIV/AIDS commodities ensuring accountability and seamless hand-off of products to the receiving locations. Assure that PEPFAR supported commodities advisors have agreed workplans, with measurable outputs and accountability measures that includes proactive engagement and open regular communications with PEPFAR staff, UNDP and MOH.
- Improve forecasting, supply planning, and training on sub-national level to ensure warehousing and storage policies are in place and utilized

Other Government Policy, Systems, or Programming Changes Needed

- PEPFAR Coordinator: Complete process for hiring of the PEPFAR Coordinator

- Addressing Structure Barriers to KP service delivery: COP/ROP 22 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 COP 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 COP/ROP 22 planning meetings.

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.