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INFORMATION MEMO FOR AMBASSADOR MARC E. KNAPPER, VIETNAM

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

THROUGH: Chair Parviez Hosseini and PEPFAR Program Manager Ann Sangthong

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

Dear Ambassador Knapper,

First and foremost, I sincerely hope that you and your team are safe and healthy. Congratulations on your recent appointment. I am extremely grateful for your team's 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 Operational Plan (COP 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 COP22 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 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:

1. Maintaining a high-quality HIV program with low interruptions in treatment and high achievement of ambitious PrEP targets despite the impacts of COVID-19
2. Increasing and utilizing connections between facility and community programs to better serve PLHIV and mitigate the impacts of COVID-19
3. Continual innovation, including the already proposed joint strategy towards a Sustainable Public Health Cluster Response.

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

1. Investing in a sustainable Public Health Cluster Response, based on interoperable health systems focused around case surveillance and client-centered approaches across Vietnam.
2. Truly reaching the 95-95-95 goals across Vietnam by continuing to evolve case-finding strategies to reach and treat all PLHIV as part of a sustainable Public Health Cluster Response.
3. Continuing to balance the competing priorities of responding to the HIV and COVID-19 epidemics.
4. Increasing the role of local organizations in the HIV response, including those directly funded by PEPFAR.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP 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 22 notional budget for Vietnam is **$37,500,000** 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 Vietnam and civil society of Vietnam, 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 COP22 planning and approval process.

Once again, thank you for your continued leadership and engagement during the COP22 process.

Sincerely,

Angeli Achrekar

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

CC: **S/GAC – Chair Parviez Hosseini, PPM Ann Sangthong, Acting Chief of Mission Marie Damour, Acting DCM Noah Zaring, Acting and Deputy Coordinator Nhung Nguyen**

Overview: COP 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. Maintaining a high-quality HIV program with low interruptions in treatment and high achievement of ambitious PrEP targets despite the impacts of COVID-19. We have been impressed with Vietnam's high continuity of treatment, and marshalling of resources across facilities and community programs to maintain it despite COVID-19, including rapid deployment of food assistance, PPE, telehealth measures and other home care technologies.
2. Increasing and utilizing connections between facility and community programs to better serve PLHIV and mitigate the impacts of COVID-19 have been the silver lining of the COVID-19 pandemic. Many of these innovations will continue to be useful in the coming years, both to mitigate continuing but hopefully reducing impacts of COVID-19, but by also extending the ability of the GVN HIV program, with the help of PEPFAR, to reach PLHIV and those at risk who have not yet been given access to life saving treatment or prevention.
3. Continual innovation, such as the GVN draft framework for Public Health Cluster Response which leverages recency data to inform actions and delineates well the steps necessary from the district/province to the national level.

Challenges

1. Investing in a sustainable Public Health Response, based on interoperable health systems focused around case surveillance and client-centered approaches across Vietnam. While there has been great progress in this effort, PEPFAR needs to assurance that its digital investments build sustainable, interoperable systems that can work together to improve data use, reduce monitoring burden, and assure all stakeholders that all clients are receiving quality, client-focus services that reduce treatment interruptions and build towards epidemic control.
2. Truly reaching the 95-95-95 goals across Vietnam by continuing to evolve case-finding strategies to reach and treat all PLHIV as part of a sustainable Public Health Response. Case-finding strategies need to be efficient and sustainable, yet free of stigma and discrimination. PEPFAR Vietnam should work to identify which strategies are key parts of a sustainable, ongoing Public Health Response, which are limited duration surge strategies. PEPFAR Vietnam should work with GVN to assess which prevention and testing strategies the GVN can take on, and how to continuously improve case finding.
3. PEPFAR Vietnam continues to rely more heavily than desirable on international partners. Developing local subrecipients into social enterprises and local partners through the social contracting roadmap remains a long-held, long-term goal that requires more urgency. It is critical that indigenous Community Based Organizations can independently contribute to the Public Health Cluster Response to HIV.

SECTION 1: COP 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 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	$ 32,432,313	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 32,432,313
GHP-State	$ 30,574,563	$ -	$ -		$ -	$ -	$ -		$ 30,574,563
GAP	$ 1,857,750				$ -				$ 1,857,750
Total Applied Pipeline	$ -	$ -	$ -	$ 5,067,687	$ -	$ -	$ -	$ -	$ 5,067,687
DOD				$ 462,103				$ -	$ 462,103
HHS/CDC				$ 3,496,762				$ -	$ 3,496,762
USAID/WCF				$ 1,108,822				$ -	$ 1,108,822
TOTAL FUNDING	$ 32,432,313	$ -	$ -	$ 5,067,687	$ -	$ -	$ -	$ -	$ 37,500,000

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

Countries should plan for the full Care and Treatment (C&T) level of $8,763,800 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	$ 8,763,800	$ -	$ -	$ 8,763,800

*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	$ 37,500,000	$ -	$ 37,500,000
Core Program	$ 37,500,000	$ -	$ 37,500,000

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.

	Bilateral	Central	TOTAL
Total Funding	**$ 2,718,030**	**$ -**	**$ 2,718,030**
PrEP (AGYW)	$ -	$ -	$ -
PrEP (KPs)	$ 2,718,030	$ -	$ 2,718,030

TABLE 5: State ICASS Funding

	Appropriation Year
	FY22
ICASS	$ 228,206

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

SECTION 3: PAST PERFORMANCE – COP 2020 Review

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

Indicator	FY21 result (COP20)	FY22 target (COP21)
TX Current <15	**997**	**1,676**
TX Current 15+	**76,646**	**90,654**
VMMC >15		
DREAMS (AGYW PREV)		
Cervical Cancer Screening		
TB Preventive Therapy	**11,307**	**10,528**

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

OU/Agency	Sum of Approved COP/ROP 2020 Planning Level	Sum of Total FY 2021 Outlays	Sum of Over/Under Outlays
OU			
DOD	$1,411,487	$1,079,066	$332,421
HHS/CDC	$20,553,000	$16,592,143	$3,960,857
State	$1,024,355	$663,103	$361,252
USAID	$16,432,553	$16,127,149	$305,404
USAID/WCF	$1,528,622	$1,264,263	$264,359
Grand Total	**$40,950,017**	**$35,725,724**	**$5,224,293**

TABLE 8. COP 2020 | FY 2021 Results & Expenditures

Agency	Indicator	FY21 Target	FY21 Result	% Achievement	Program Classification	FY21 Expenditure	% Service Delivery
HHS/CDC	HTS_TST	78,957	**70,786**	89.65%	HTS Program Area	$1,289,128	61%
	HTS_TST_POS	4,701	**3,983**	84.73%	HTS Program Area	$1,289,128	61%
	TX_NEW	5,450	**4,892**	89.76%	C&T Program Area	$3,169,620	61%
	TX_CURR	51,487	**47,032**	91.35%	C&T Program Area	$3,169,620	61%
	VMMC_CIRC						
	OVC_SERV						
DOD	HTS_TST	29,535	**33,308**	112.77%	HTS Program Area	$19,601	
	HTS_TST_POS	66	**124**	187.88%	HTS Program Area	$19,601	0%
	TX_NEW	55	**65**	118.18%	C&T Program Area	$4,627	100%
	TX_CURR	364	**294**	80.77%	C&T Program Area	$4,627	100%
	VMMC_CIRC						
	OVC_SERV						
USAID	HTS_TST	83,132	**69,137**	83.17%	HTS Program Area	$1,655,365	100%
	HTS_TST_POS	5,593	**4,657**	83.26%	HTS Program Area	$1,655,365	100%
	TX_NEW	4,479	**3,644**	81.36%	C&T Program Area	$1,632,233	92%
	TX_CURR	39,694	**34,607**	87.18%	C&T Program Area	$1,632,233	92%
	VMMC_CIRC						
	OVC_SERV						
					Above Site Programs	$7,856,920	
					Program Management	$11,620,461	

SECTION 4: COP 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 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
2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens. Status: In-process Issues or Barriers: ARV procurement has shifted to GVN, and process is contingent on GVN procurement plans. PEPFAR Vietnam should continue to advise and provide technical assistance as necessary.
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 (Jul 2023) Issues or Barriers: A few remaining policy barriers, but they are being worked through. The stability of ARV supply which has been impacted by COVID19, including GVN procurements and procurement planning, has also been a concern. DDD has been a critical piece of COVID adaption, but there is work to be done to ensure that it remains an ongoing solution.
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 (Oct 2022) Issues or Barriers: Great progress on TPT as 88% of PLHIV have completed, but progress has been impacted by COVID19 associated lockdowns.
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
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: Completed
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: Completed
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: Not Applicable
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: Completed
10. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer,

PrEP and routine clinical services affecting access to HIV testing and treatment and prevention. Status: In-process Issues or Barriers: Needs to continue work to ensure that Provincial authorities subsidize the SHI copayments and premiums as donor subsidies end. Expansion of sustainable, free access to prevention and testing needed.
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
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
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: PEPFAR Vietnam has a good Social Contracting roadmap that should lead to increased funding of KP-led organizations, but this plan needs to be executed with more urgency.
14. Evidence of partner government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended. Status: In-process Issues or Barriers: GVN has eagerly taken greater and greater responsibility for the HIV response, including SHI procurement of ARVs.
15. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity. Status: In-process (Oct 2022) Issues or Barriers: Included in case-surveillance as it is rolled out across Vietnam; completed in many PEPFAR supported provinces, will be completed in all PEPFAR supported provinces by Oct 2022. Continuing to roll out to other Vietnam provinces, beginning with those at higher burden.
16. Scale-up of case surveillance and unique identifiers for patients across all sites.

Status: In-process (Oct 2022)
Issues or Barriers: Included in case-surveillance as it is rolled out across Vietnam; completed in many PEPFAR supported provinces, will be completed in all PEPFAR supported provinces by Oct 2022. Continuing to roll out to other Vietnam provinces, beginning with those at higher burden.

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

Table 10. COP 2022 (FY 2023) Technical Directives

Vietnam –Specific Directives
Overall
1. While many MPRs have been completed, site-level implementation should continue to be monitored with a CQI approach, particularly in cases where COVID19 and associated lockdowns may have impacted implementation.
2. To support sustainable health systems while transitioning to increasing technical, managerial and financial ownership by the Government of Vietnam (GVN), PEPFAR Vietnam should continue to capacitate Ministry of Health, the private sector, and indigenous community-based organizations, with a focus on increasing the quality of public sector HIV service delivery across the full cascade and expanding key population-integrated primary healthcare models.
3. PEPFAR Vietnam should continue to support the Government of Vietnam's resilient and capacitated country public health system, specifically: to support MoH and indigenous community organizations, including those which are KP-led, to effectively respond in geographic areas where case surveillance observes active HIV transmission, e.g., through signals such as time-space clusters of recent cases. This support should be funded through mechanisms that allow for nimble responses not limited to the 11 current DSD supported PEPFAR provinces.
4. To continue progress made, the team should focus on increasing Government of Vietnam funding for HIV prevention service delivery, including HTS and PrEP, which could occur through the expansion of the benefits package in SHI and/or increasing domestic government resources by creating a budget line item for HIV prevention services and social contracting of local CBOs that provide these services.
5. Key populations, especially MSM, continue to face barriers such as stigma and discrimination when attempting to access HIV prevention and treatment services, particularly in the public sector. To be aligned with COP22 draft guidance to build the strength of KP-led service delivery and to improve the long-term friendliness of all facility and community staff throughout Vietnam. Specific activities relevant to Vietnam are: revising/scaling gender and sexual diversity (GSD) training required for all PEPFAR staff and PEPFAR IPs; scale trainings and other interventions that support KP competent client-centered services in all facility and community healthcare settings serving KPs; fund organizational capacity strengthening for KP-led CSOs – financial reporting, management, governance, including strategic information, reporting and usage; and invest in KP leaders as public health professionals.

6. VLC for KPs in FY21 was 42% (though significantly impacted by COVID), with high VLS at 99%. The Vietnam team should continue to focus efforts on ensuring KPs are accessing VL testing, and that IPs are reporting KP disaggregates with MER PVLS results.
HIV Prevention Services
1. PrEP for KP and AGYW: 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 Vietnam'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), and other identified higher-incidence populations.
2. PEPFAR/Vietnam should continue to be a leader in PrEP programmatic innovations, and explore additional differentiated service delivery models for PrEP in COP22 that strengthen community partner capacity to deliver PrEP, ensuring quality control standards and compliance in line with updated national guidelines (e.g., online and mobile PrEP), while also advancing the WHO KP guidelines and PEPFAR's principles for building local KP community and CBO ownership, implementation, and sustainability in the response. We applaud the innovations in Vietnam to date, particularly during the COVID-19 pandemic, including through the use of telehealth and virtual platforms for service delivery, and increased service delivery in the community to make PrEP accessible to clients. PEPFAR/Vietnam should make sure they are working on the policies to enable new PrEP delivery models (e.g., injectables) available.
Other Government Policy, Systems, or Programming Changes Needed
1. Structural barriers for KP: COP 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 COP22 planning meetings
2. Continue to invest in differentiated, client-centered ways to reach the highest risk MSM through STI screening and treatment, social network testing through digital platforms, including client segmentation to target more hidden MSM, such as older MSM in the NEZ, using SNS and HIVST to supplement Index testing of MSM partners; and PrEP demand creation, including new agents such as long-acting injectables which has been documented to be of interest to younger MSM. Be sure to offer Safe and Ethical Index testing to all newly diagnosed PLHIV as well as those with unsuppressed viral loads.
Continue to work with the GVN to create an enabling environment for indigenous community-based organizations to become social enterprise organizations, to participate as appropriate in SHI reimbursement, and to enable the overall social contracting roadmap.

COP 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 2022 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP 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 2021, the draft Strategic Direction Summary (SDS) is required to be shared with both CSO and FBO stakeholders for their input and comments at least 7 days prior to submission to S/GAC. Please refer to the COP 2022 Guidance for a full list of requirements and engagement timelines. In addition, a more detailed timeline for sharing key data visualizations and other information with stakeholders is forthcoming.

Community-led Monitoring (CLM)

In addition to prescribed and routine engagement during PEPFAR's annual business cycle, including around 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.