

2017 PEPFAR Country Operational Plans

Civil Society AIDS Activists Pushing Toward Higher Impact

May 2017

Civil society groups fought for and won many key changes in the 2017 PEPFAR Country Operational Plans (COPs), which cover fiscal year 2018 (September 2017 – October 2018).

In this document, we highlight some of the initial victories achieved through advocacy in Kenya, Malawi, Mozambique, Uganda, and Zimbabwe. These victories built on important progress achieved during PEPFAR's COP 2016 process.

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KENYA

CIVIL SOCIETY ASKS

CHANGE IN FINAL PEPFAR COP

<p>Increase the target number of men who have sex with men (MSM) to be reached and cease relying on unreliable size estimates that project just 0.4% of men are MSM.</p>	<p>Combined PEPFAR and Global Fund targets were increased to 52,000, a 227% increase from 2 years ago when civil society began this advocacy. Assuming at least 2% of adult men are MSM, this puts the total target at roughly 20% of the total population.</p>
<p>Implement a more aggressive community testing effort using multi-disease campaigns, beyond the 2 districts (Siaya & Homa Bay) in which this is currently planned.</p>	<p>The SEARCH study, which uses robust community testing and immediate treatment linkage, will be fully implemented in the 5 highest burden counties: Nairobi (informal settings), Kisumu, Siaya, Homa Bay and Busia</p>
<p>Add Lamu to the prioritized counties due to the significant population of people who use drugs.</p>	<p>Lamu was added to priority counties.</p>
<p>Deepen strategies for linkage between testing and treatment through increased ease of initiation and community-based support structures.</p>	<p>PEPFAR will support the implementation of same day initiation and creation of peer support, support groups by key population led organizations.</p>
<p>Fund a new size estimation, but remove biometric data collection from the protocol to protect the human rights of criminalized populations.</p>	<p>Size estimation funded for earlier results and fast tracked, biometrics removed.</p>
<p>Address the low coverage of treatment among key populations and low effect of current programs by restructuring the PEPFAR-funded Drop-In Centers, which are performing poorly due to disconnection between implementers and KP communities.</p>	<p>A review of KP centers will be conducted with the goal of increasing support to KP-led organizations to provide services to increase linkage and retention .</p>

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MALAWI

CIVIL SOCIETY ASKS

Increase the investment in front-line community health workers, including nurses and pharmacy technicians, to address critical barriers to treatment initiation and retention.

Address poorly performing VMMC efforts and the negative effect on the larger health system by investing in increased human resources to ensure circumcision campaigns are not dependent on existing over-stretched public doctors and nursing staff.

Include PrEP funding in 2018 to fund the first phase of the targeted introduction of PrEP in Malawi under the nearly completed implementation plan.

Review the use and effectiveness of lay workers, including expert clients. Improve the quality and capacity of current lay workers by implementing a program-wide standard to ensure they are paid, trained, supervised, and equipped.

Purchase commodities to fill the existing funding gap for ARVs to reach 90/90/90 treatment targets.

Expand higher reach testing strategies to target those currently not reached by the health system, including men, youth, and key populations; move a portion of the supported HIV diagnostic assistants (HDAs) currently based in facilities into targeted community-based testing efforts.

CHANGE IN FINAL PEPFAR COP

PEPFAR will double the number of clinical staff directly supported and placed in clinics, adding 480 front-line community health workers.

120 additional front-line staff for VMMC efforts to be employed.

Targeted introduction of PrEP included in the COP. Given this funding, Ministry of Health agreed at the COP review to approve the first phase of introduction.

Review suggested many lay workers counted as PEPFAR supported HRH were unpaid and not well integrated. PEPFAR will implement a full review of this cadre and set minimum standards per civil society's request.

PEPFAR will review the commodity issue quarterly and, after the Global Fund concept note is completed and progress against targets can be assessed, will ensure that any gap for ARVs is filled. (follow up needed).

Increasing move of HDAs out of clinical settings and into communities for index case testing efforts and strategic community-based testing in select locations.

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MOZAMBIQUE

CIVIL SOCIETY ASKS

Implement a more aggressive community testing effort SEARCH study model of multi-disease health fairs to reach harder to reach groups including men and youth.

Community-based treatment programs throughout the country supported by a cadre of well-trained, paid, capacitated, and resourced community health workers.

Increase the men who have sex with men KP targets from just over 10,000, which reflects just a small portion of the total likely MSM in the population assuming even just 1 or 2%. Assumption in the COP was that MSM were actually at lower HIV risk than non-MSM peers—a perception that was not accurate based on a full reading of the IBBS study.

CHANGE IN FINAL PEPFAR COP

SEARCH-style multi-disease testing efforts were included in the COP for roll out in 2018 in the highest prevalence districts, linked to the DREAMS efforts.

PEPFAR committed to ensuring that every priority district will have Activistas based at each of the clinics to support community-based treatment and adherence clubs (language included in the COP).

PEPFAR will to reflect a more accurate HIV risk reality in the COP. Commitment to review the targets during the Quarter 4 POART and consider re-programming unspent funds to key populations programs to increase the goals for 2018.

Key Terms

COP - country operational plan

DREAMS – Determined, Resilient, Empowered, AIDS-free, Mentored and Safe women. A PEPFAR partnership to reduce HIV among girls and young women in 10 countries.

IBBS – integrated biological and behavioral surveillance MSM – men who have sex with men POART – PEPFAR oversight and accountability response team

PEPFAR - United States President's Emergency Plan for AIDS Relief

PrEP - pre-exposure prophylaxis

POART – PEPFAR oversight and accountability response team

SEARCH – implementation study carried out in East Africa that showed affordable ways to reach 95% knowledge of status and better than 90% linkage rates.

VMMC – voluntary male medical circumcision

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UGANDA

CIVIL SOCIETY ASKS

Increase the targets for men who have sex with men to be reached under the PEPFAR program and increase the PrEP target for key populations.

Implement more aggressive, targeted community-based testing and linkage efforts including implementation of the SEARCH study model of multi-disease health fairs to reach harder to reach groups including men and youth.

New key populations size estimates need to be supported and implemented. This is the second year this has been a request.

Expand the investment in lab capacity for HIV diagnosis, viral load monitoring and for TB.

CHANGE IN FINAL PEPFAR COP

Target was increased to 5,000 and an addendum was made stating that ambition should be higher and additional central funds will be available to reach up to 11,000 MSM in 2018. A similar addendum stated that funds will be available to reach an additional 11,000 key populations with PrEP

SEARCH-style efforts will be implemented in 40 districts in Uganda.

New study to be implemented and fast-tracked for completion in 2017.

PEPFAR will support increased purchase of viral load reagents and maintenance of viral load machines as well as GeneXpert expansion.

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ZIMBABWE

CIVIL SOCIETY ASKS

Increase the men who have sex with men key populations prevention target from 3,876 (which reflects a target of 49% reach based on a much too low population size estimate of 0.2% of the male population) to 5,951 (based on a still modest population size estimate of 1%).

Provide funding for strategic advocacy and monitoring by civil society organizations.

Increase the proportion of funding allocated for direct service delivery (DSD) (as opposed to Technical Assistance), over and above the shift started in COP 2016.

Implement more aggressive, higher yield, community-based testing efforts.

Adequate and sustained funding for expanding access to VMMC

CHANGE IN FINAL PEPFAR COP

PEPFAR will include text in the COP that acknowledges that the prevention targets for MSM included in COP 17 are insufficient. PEPFAR agreed to review this target during the Quarter 4 POART and consider revising it upwards based on performance and availability of any savings or pipeline that may accrue for 2017.

PEPFAR will include \$170k for civil society organizations to do accountability work in Zimbabwe focused on community monitoring of HIV treatment initiation, adherence & retention interventions, and to support work to hold national government, and PEPFAR implementers accountable. This is a completely new activity added by the PEPFAR country team after interventions at the COP reviews.

PEPFAR Zimbabwe is reporting that they will allocate 64% of funding for DSD activities in 2018. Included in this is increased investment in differentiated models of service delivery, including Community Adolescent Treatment Supporters (CATS) and Community ART Groups (CARGs).

PEPFAR will review current testing strategies in 4 of the scale-up districts with the highest prevalence and lowest treatment coverage levels, and work to incorporate new evidence-based community testing strategies, for example multi-disease approaches, to accelerate progress towards the first 90. They will also explore maximizing synergies between HIV testing efforts and TB contact tracing, where appropriate.

PEPFAR Zimbabwe increased funding for VMMC by \$4.195 million in COP 17, compared to COP 16.