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U.S. President's Emergency Plan for AIDS Relief

PEPFAR Mozambique COP21 Vision Presentation

COP 2021 Virtual Planning Meeting

April 21, 2021

18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Long Story Short

1. Significant strides towards HIV epidemic control, yet epidemic continues to be driven by young men and adolescent girls and young women

2. Identified who and where to focus over the next 18 months

3. Continuing AJUDA progress despite challenges posed by COVID-19

4. Consolidating and expanding COP20 interventions for prioritized demographic groups

5. Building true partnership with government, multilaterals and civil society including faith-based organizations

6. Adapting partner oversight and accountability to COVID context maintains momentum

7. Protecting HIV epidemic control gains in the face of COVID-19 through ARPA funds

State of the HIV Epidemic

Significant strides towards HIV epidemic control, yet the epidemic continues to be driven by young men and adolescent girls and young women

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Signs of Progress Towards HIV Epidemic Control

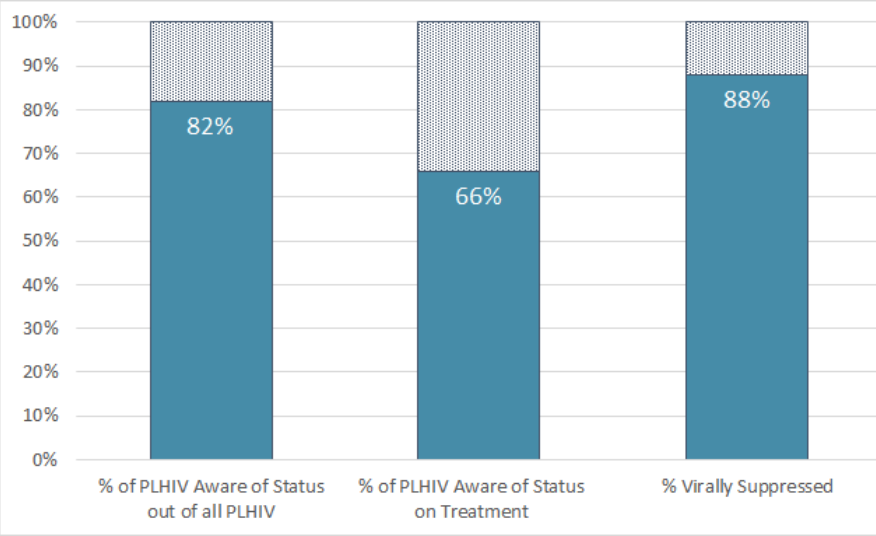
2019 PLHIV Estimate:
2,027,424

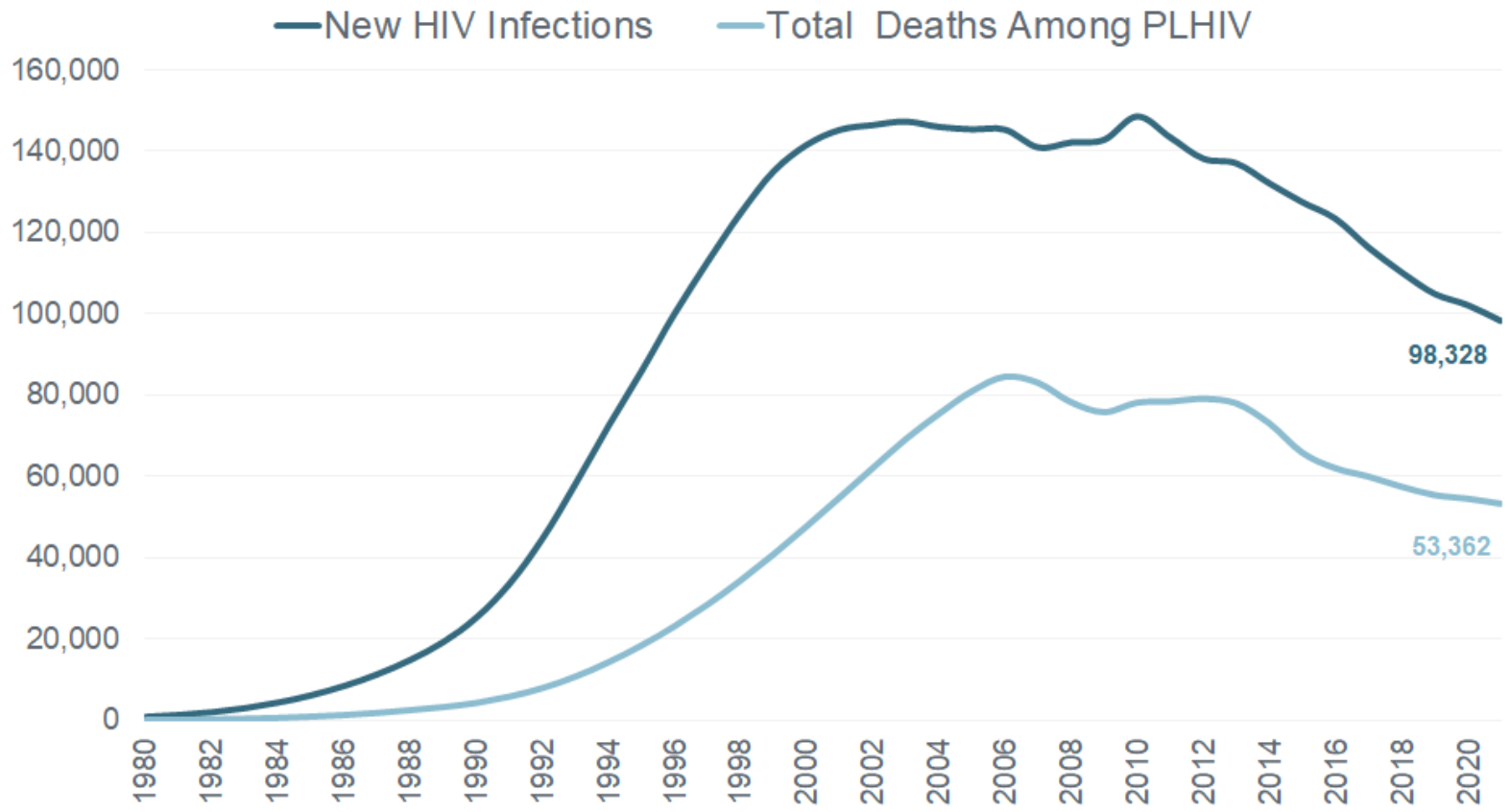
2020 PLHIV Estimate Projection:
2,075,251

2021 PLHIV Estimate Projection:
2,130,428

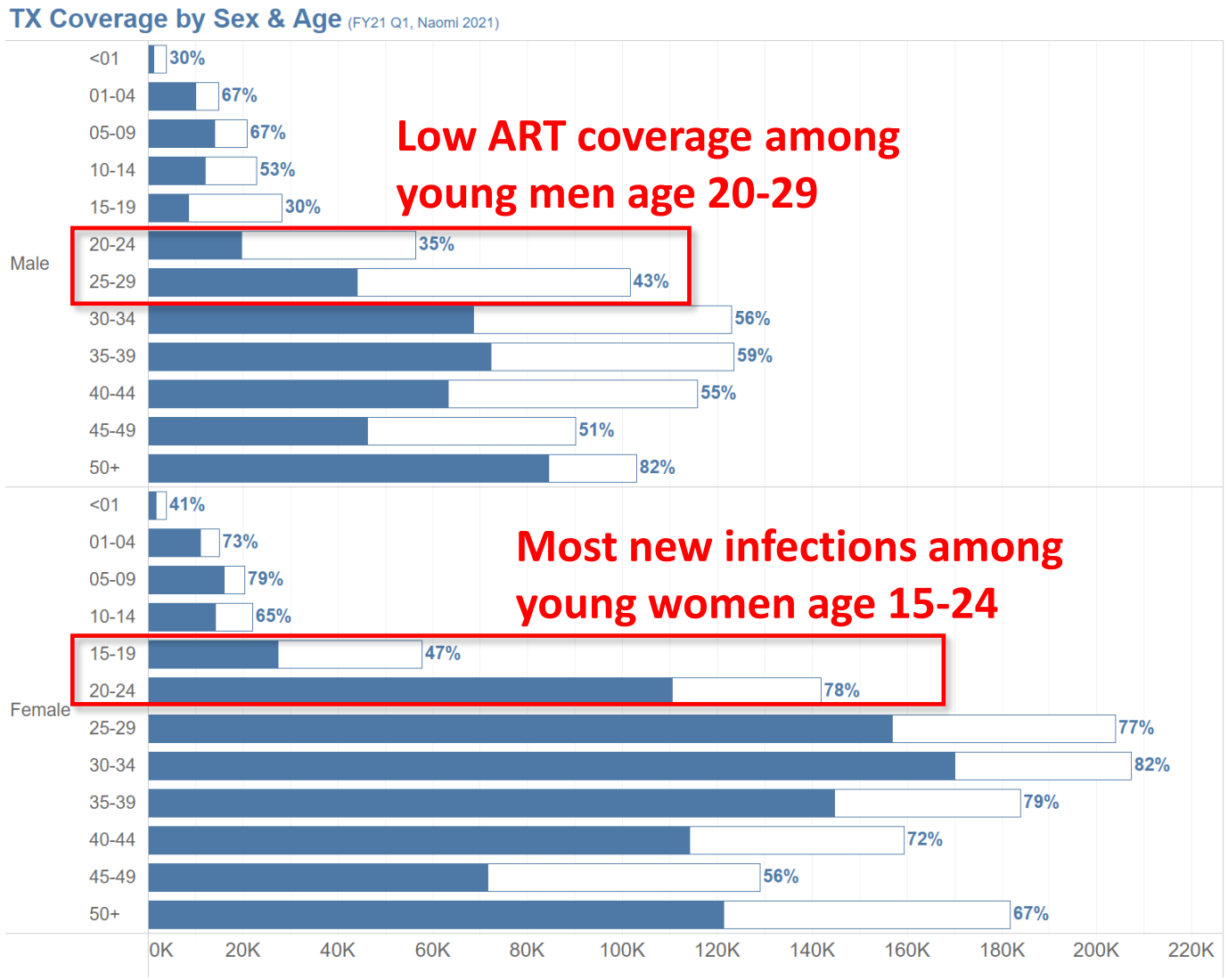
Progress towards 95-95-95 goal, Mozambique

FY21Q1 (All Ages)





Low ART Coverage Among Young Men is Driving New Infections



- 59% of the nearly 158,000 HIV+ men age 20-29 are *not* on treatment;
- The majority of these young HIV+ men are sexually active, asymptomatic, and have limited interactions with the health system;
- 66% of all estimated new HIV infections among AGYW 15-24 years come from young men age 20-29;
- 46% of all estimated new infections are among young men (20-29) and AGYW (15-24).

Source: PEPFAR MER (Q1, FY21), Spectrum
Source: GOALS (Age-Sex Model) UNAIDS, 2019

Review of 774,225 Patient Records Confirm Alarming Rates of Interruption in Treatment (IIT) among Young Men and AGYW

Males

Cohort: Outcome in Sept 2020 of anyone active on treatment in Sept 2018

	Age Group										
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
Active on Tx @ 9/20/20	2,283 55%	6,484 73%	6,191 80%	4,142 78%	3,511 58%	9,117 58%	20,240 65%	26,410 71%	26,946 75%	20,640 77%	42,385 80%
LTFU @ 9/20/20	1,876 45%	2,368 27%	1,514 20%	1,161 22%	2,549 42%	6,672 42%	10,856 35%	10,711 29%	9,019 25%	6,107 23%	10,901 20%
Total	4,159 100%	8,852 100%	7,705 100%	5,303 100%	6,060 100%	15,789 100%	31,096 100%	37,121 100%	35,965 100%	26,747 100%	53,286 100%

Source: MozART, September 2020

Females

	Age Group										
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
Active on Tx @ 9/20/20	2,442 56%	7,340 73%	7,127 80%	6,052 68%	26,482 61%	53,580 69%	72,632 75%	70,873 79%	61,107 82%	39,507 85%	68,636 84%
LTFU @ 9/20/20	1,931 44%	2,654 27%	1,804 20%	2,881 32%	16,826 39%	24,347 31%	24,523 25%	18,277 21%	13,056 18%	7,159 15%	13,139 16%
Total	4,373 100%	9,994 100%	8,931 100%	8,933 100%	43,308 100%	77,927 100%	97,155 100%	89,150 100%	74,163 100%	46,666 100%	81,775 100%

Understanding our Clients

Identified who and where to focus over the next 18 months

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Community-Led Monitoring progress in Mozambique

COP20

- **Partner Expansion** (from 2 to 41 partners)
  - 39 CBOs (19 PEPFAR Small Grants and 20 CNCS)
  - 2 NGOs (Namati and N'weti)
- **Footprint expansion** (from 61 to 199 sites),
  - 31% coverage of all AJUDA facilities
- **New CLM approach** designed by PLASOC-M & UNAIDS piloted with Matram/Health GAP support
- **Capacity building** of 30 CBOs on health and human rights promotion, and grievances identification and resolution by Namati
- **Strengthening community and co-management health committees** to support patient grievance resolution
- **Engagement with GF/CCS** to maximize resources and coverage while avoiding duplication

COP21

- **Partner consolidation** by continuing to increase capacity, maintaining CBOs w/ good performance and considering shifts to new geographic areas/sites.
- **Support rollout of CLM approach** designed by PLASOC-M & UNAIDS
- **CLM indicator harmonization** to ensure consistency in data reporting and analysis
- **Support establishment of national CLM database** w/CNCS's leadership and engagement of GF and its partners
- **CLM-funding maintained** despite overall program funding reduction

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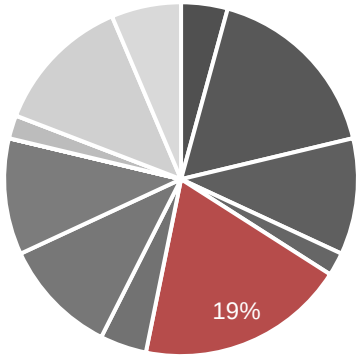
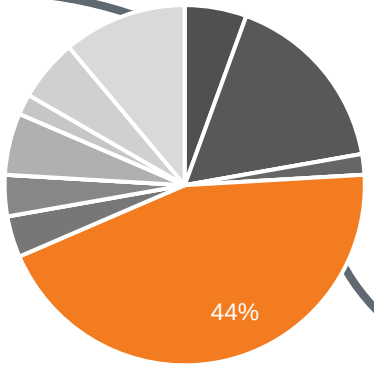
Site-Level Data Facilitate Site-Level Solutions (CY20-21)

HR Vilankulo



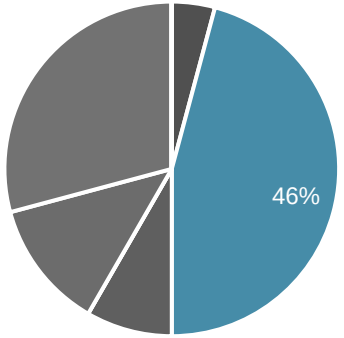
Privacy

CS Morrumbene

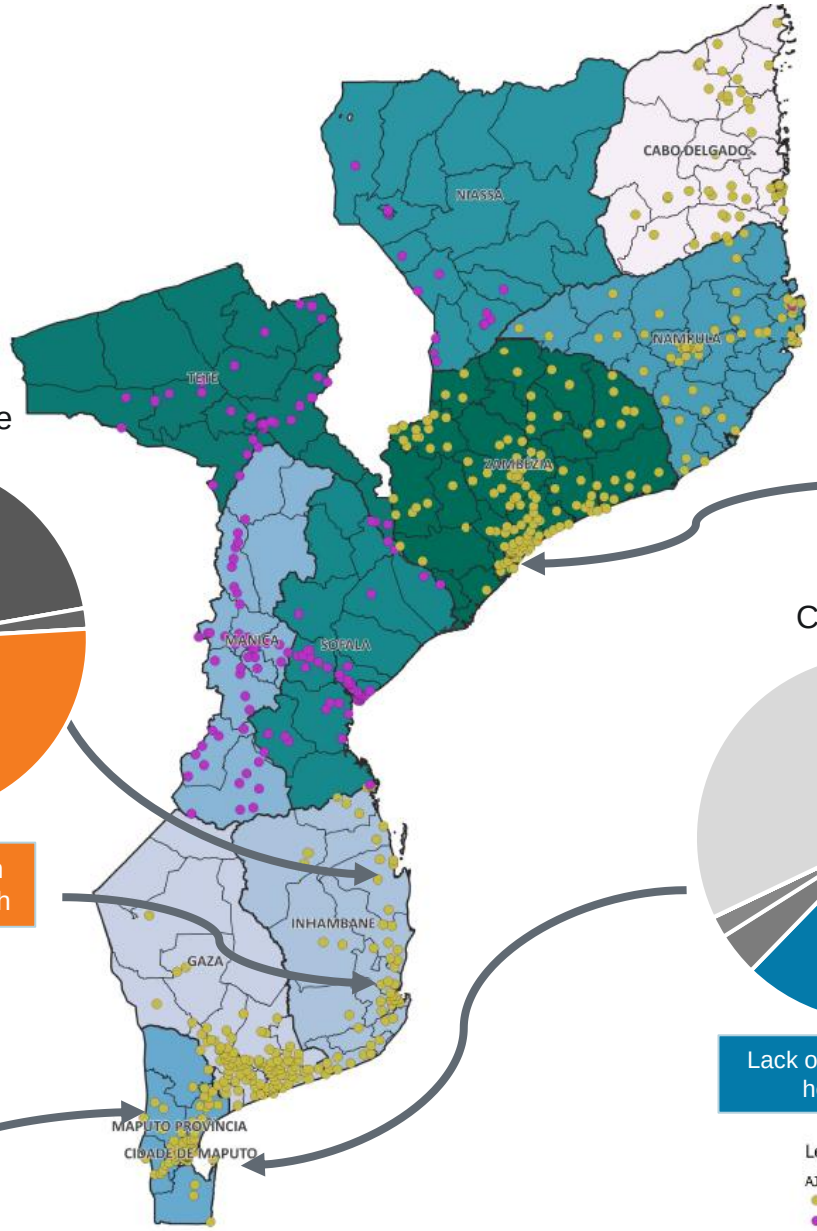


Lack of information about patient health

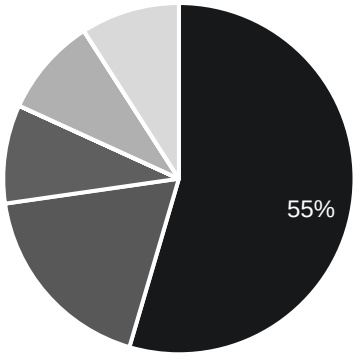
Mali CS



Poor treatment

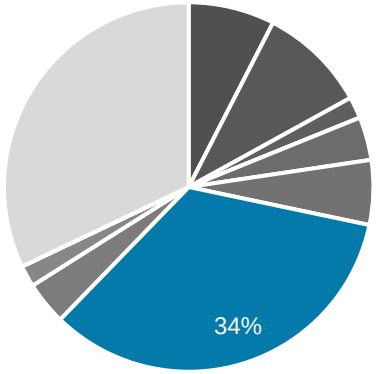


CS Icidua



Staff Absenteeism

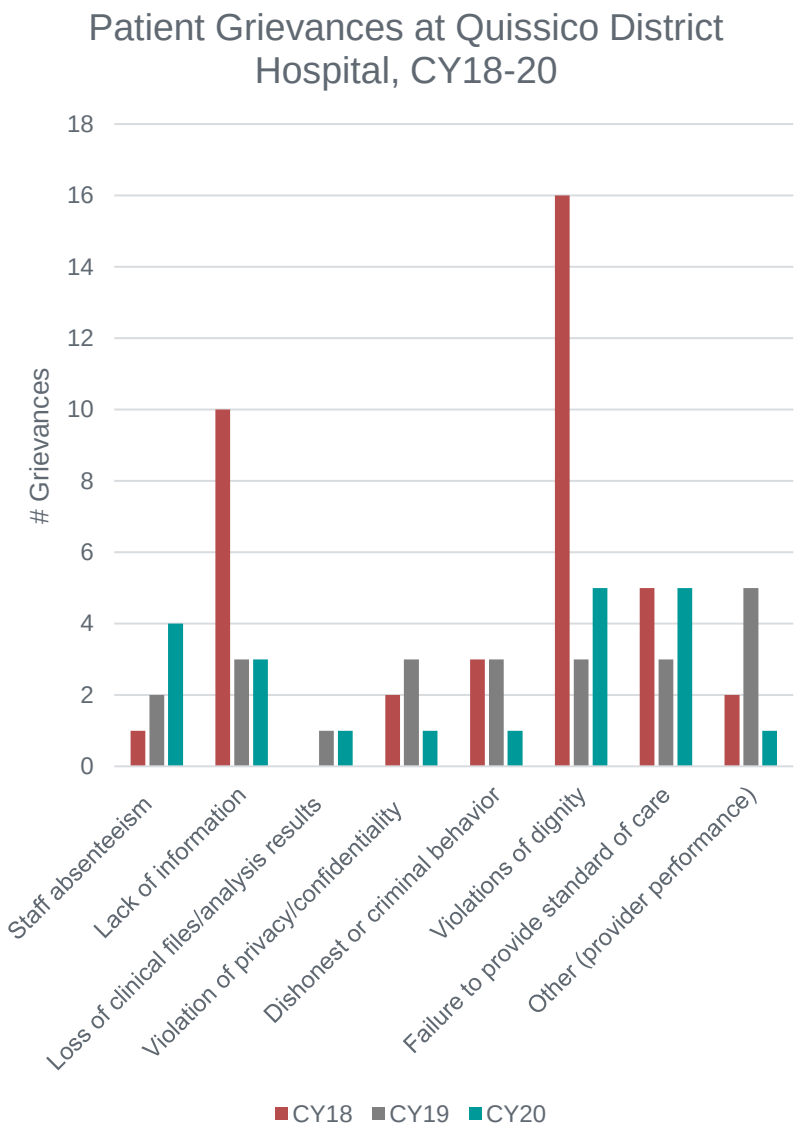
CS Zimpeto



Lack of Information about health services

- Staff absenteeism
- Rude/disrespectful treatment
- Clinical negligence
- Discrimination
- Violation of privacy/confidentiality
- Lack of information about patient's diagnosis, prognosis, or treatment
- Lack of information about health services
- Loss of clinical files/analysis results
- Illicit charge/bribery
- Theft and/or sale of public goods
- Use of ambulance for non-health related work
- Failure to fast-track specific populations (ex. GAAC, elderly, disabled, etc.)
- Failure to respond quickly to urgent cases
- Refusal of care to patients outside of geographical area of the health facility
- Lack of informed consent
- Other (provider performance)

CLM Driving Change: Quissico Hospital



"Our hospital used to be infamous for bribery and illegal fees. In the past, health workers acted as though they were doing patients a favor. But the health advocate and health committee have really helped bring the community and the hospital together. Health workers now know that bribery isn't accepted here."
-- *Dr. Osório Trigo, Director Quissico Hospital*

Right to Information
- Lack of information shared by provider
- Delays in VL results return
- Misplaced charts

→ **Bribery**
- Money requested for services, particularly emergency and maternity

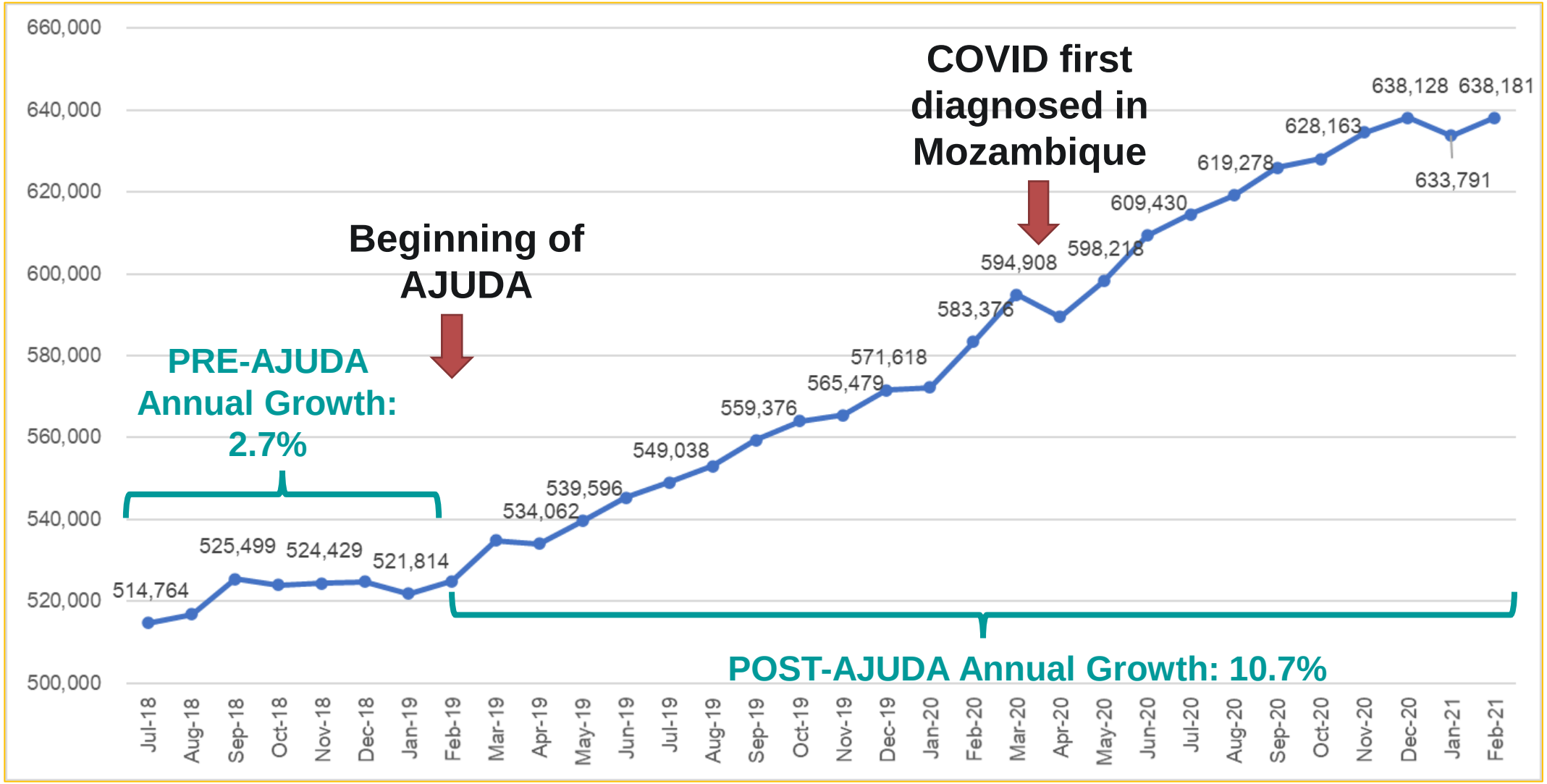
→ **Violations of Dignity**
- Disrespectful treatment, including locked bathrooms

→ **Lack of Privacy**
- Overcrowding in pharmacy lines
- Insufficient space for 1:1 conversations with provider

Building on Success

Continued AJUDA progress despite challenges posed by COVID-19

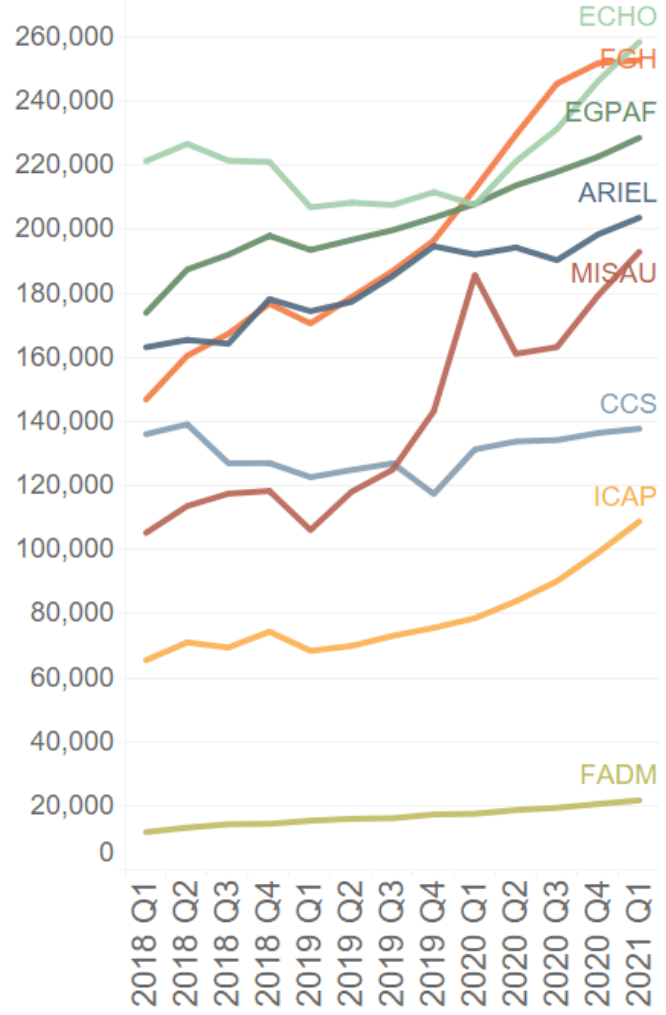
Strong TX_CURR Growth in AJUDA Sites Continues Despite COVID



*For comparability, analysis limited to initial cohort of 127 AJUDA sites

TX_CURR Growth Across All Partners and Provinces

TX_CURR, FY18 Q1 – FY21 Q1



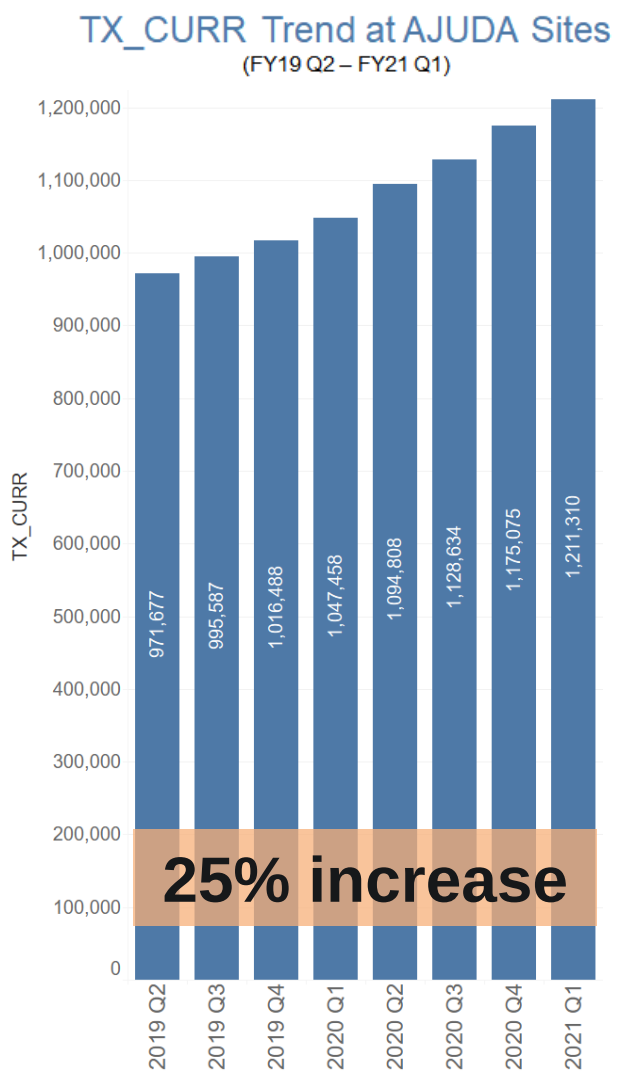
FY21Q1 was 3rd best TX_NET_NEW of past 11 quarters

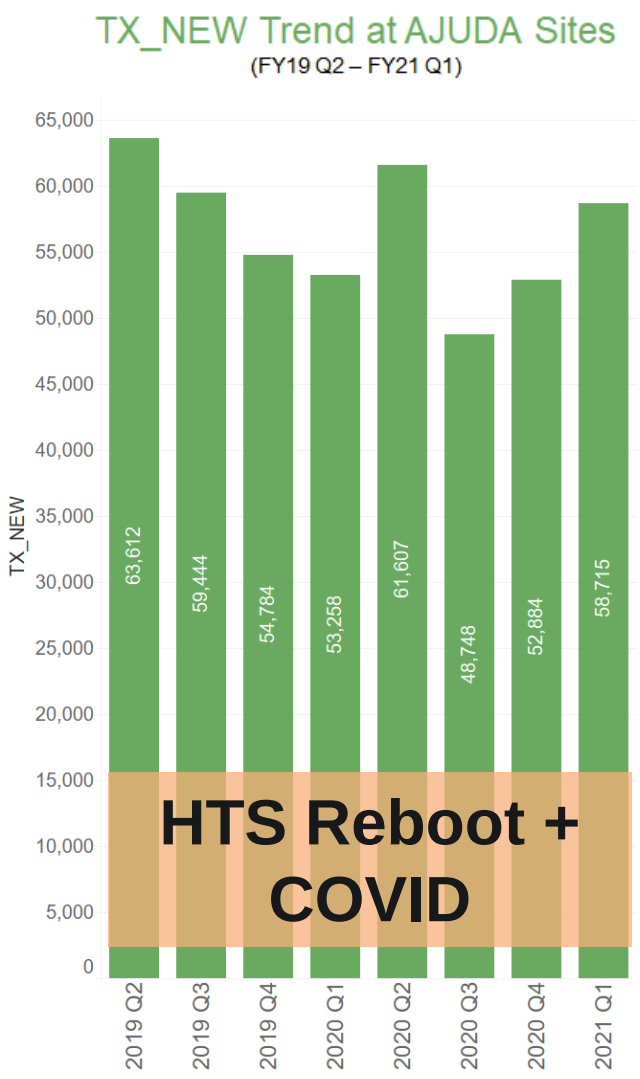
Treatment Summary FY21 Q1

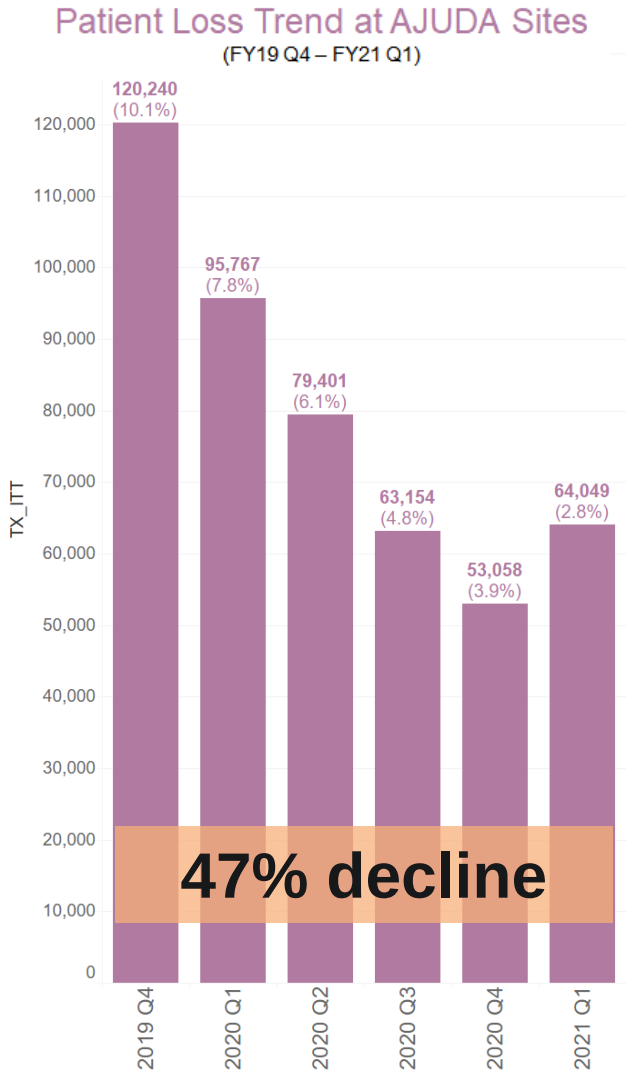
	TX_NEW	TX_CURR	TX_Gain/Loss %	TX_NET_NEW	TX_NET_NEW %
Nampula	13,728	140,509	-0.9%	12,388	9.7%
Sofala	7,128	120,892	0.2%	7,360	6.5%
Cabo Delgado	5,323	66,594	-2.3%	3,777	6.0%
Niassa	2,287	35,013	-1.3%	1,839	5.5%
FADM	1,396	21,674	-1.2%	1,130	5.5%
Manica	4,816	97,049	0.1%	4,900	5.3%
Tete	3,103	76,637	0.4%	3,387	4.6%
Inhambane	3,746	84,977	-0.5%	3,335	4.1%
Gaza	4,139	175,198	-0.2%	3,712	2.2%
Maputo	5,744	158,907	-1.6%	3,198	2.1%
Zambezia	15,868	280,192	-4.3%	3,309	1.2%
Maputo City	4,092	146,579	-1.8%	1,478	1.0%
Grand Total	71,370	1,404,221	-1.5%	49,813	3.7%

- 5 provinces report >5% TX_NET_NEW growth
- TX_CURR surpasses 1.4M

Treatment Growth a Product of Improved Retention, Not Improved Case Identification

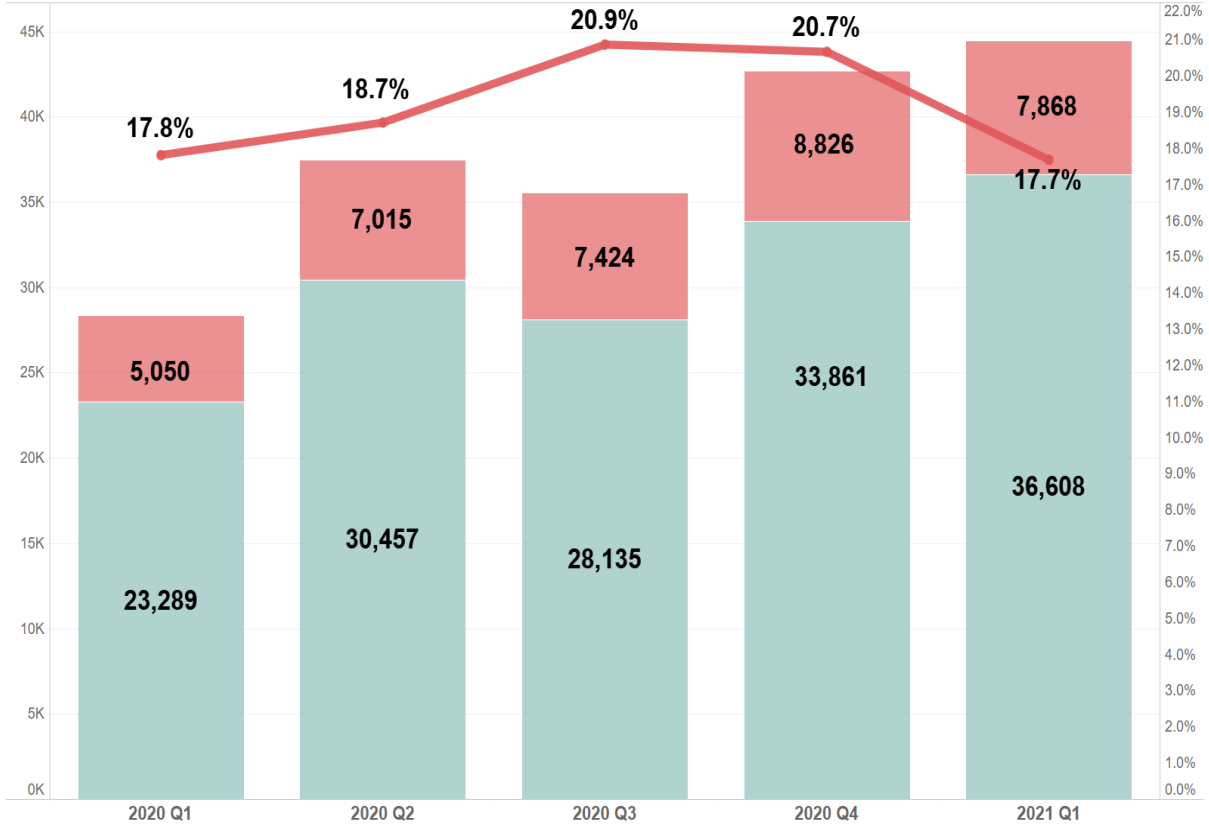




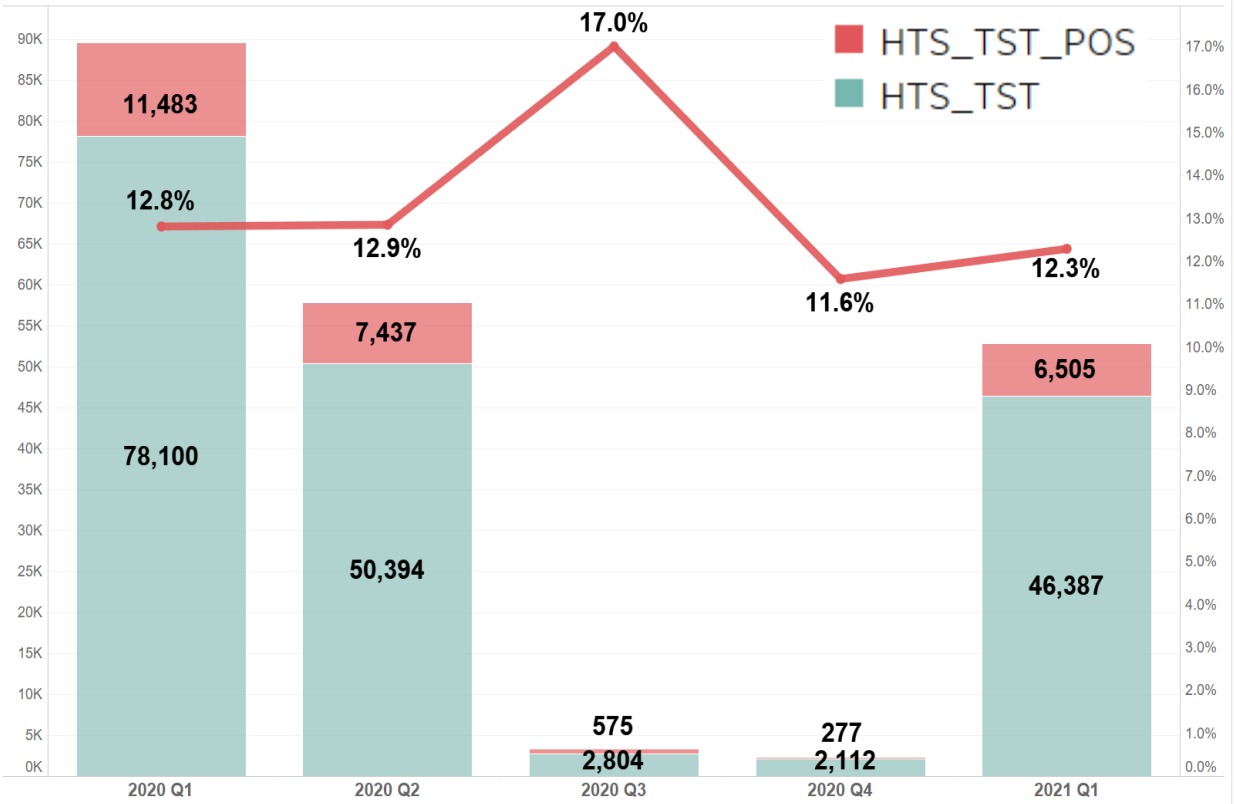


FY21 Q1 Results: Facility-Based Index Testing Scale-Up Due to COVID; Re-initiation of Community Index Testing

Facility Index Case Testing

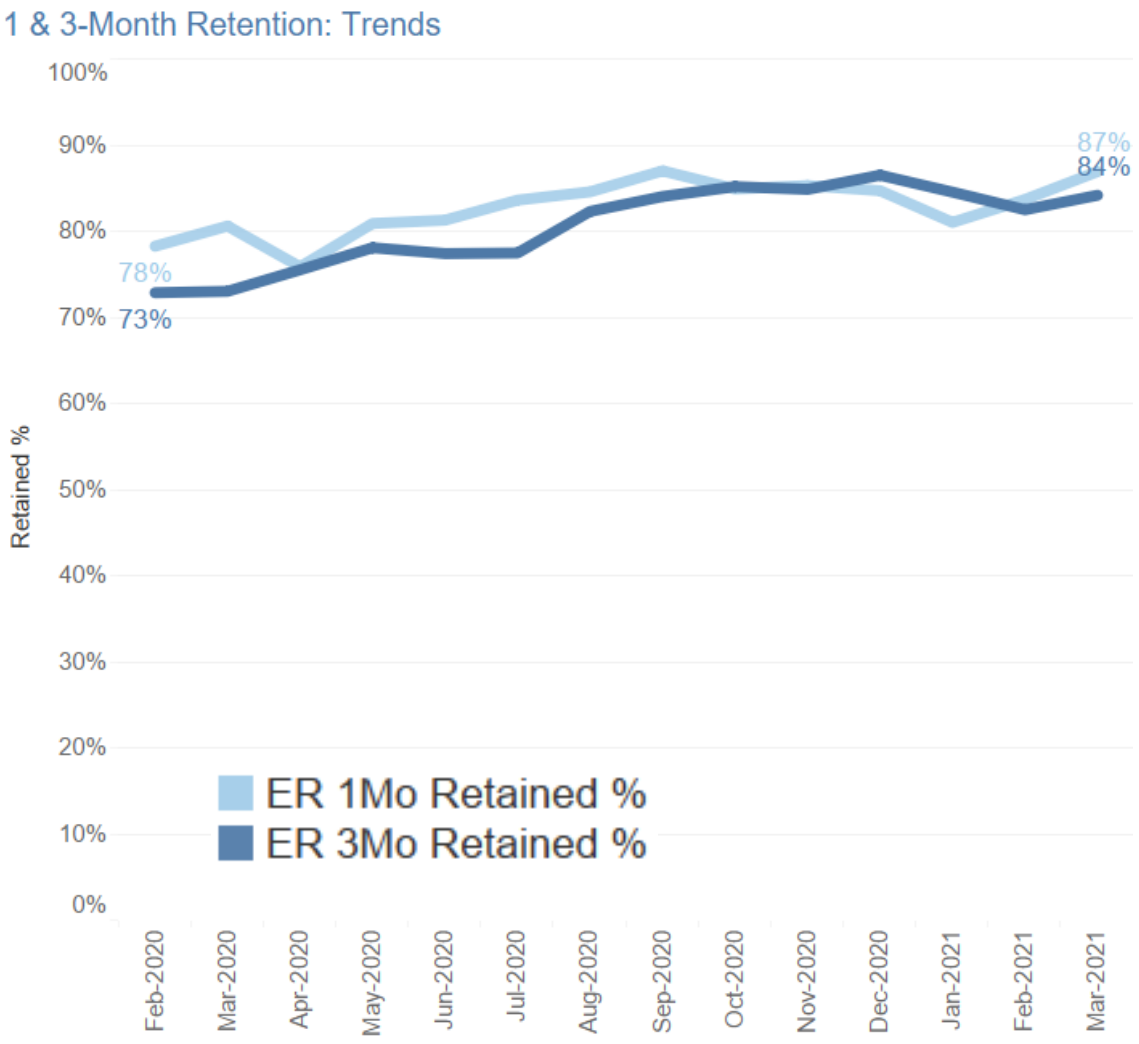


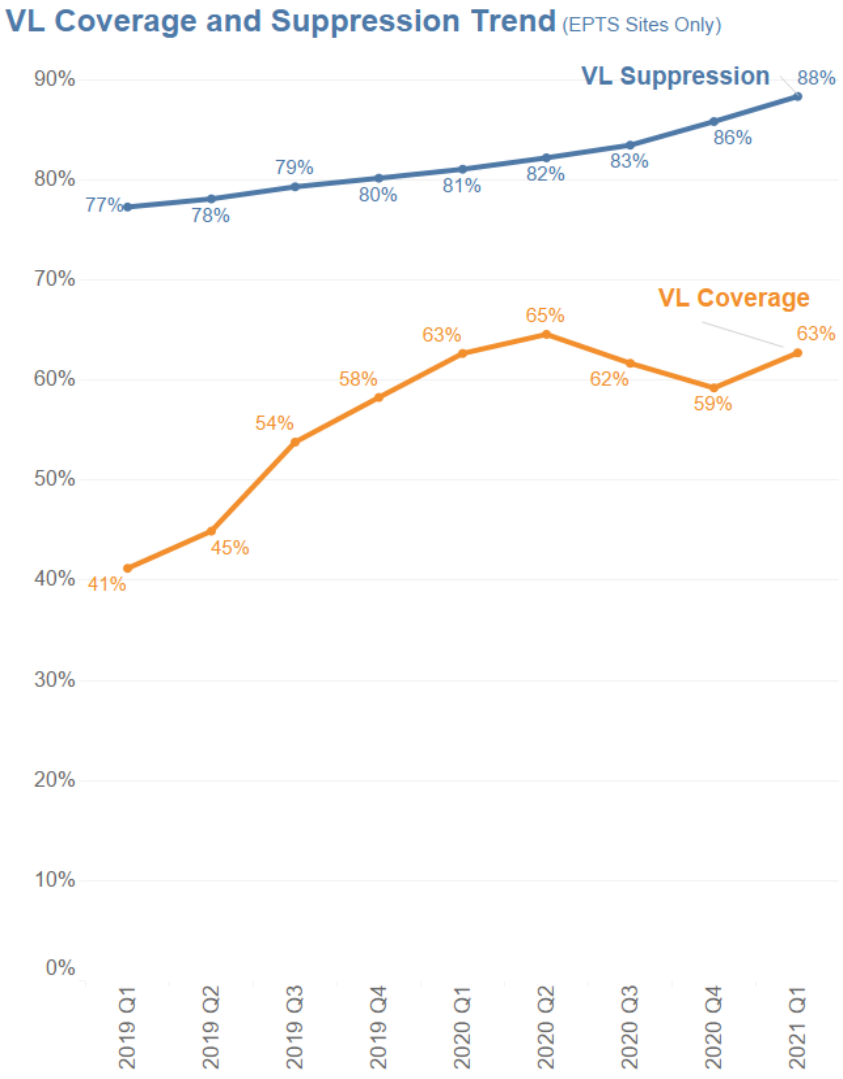
Community Index Case Testing



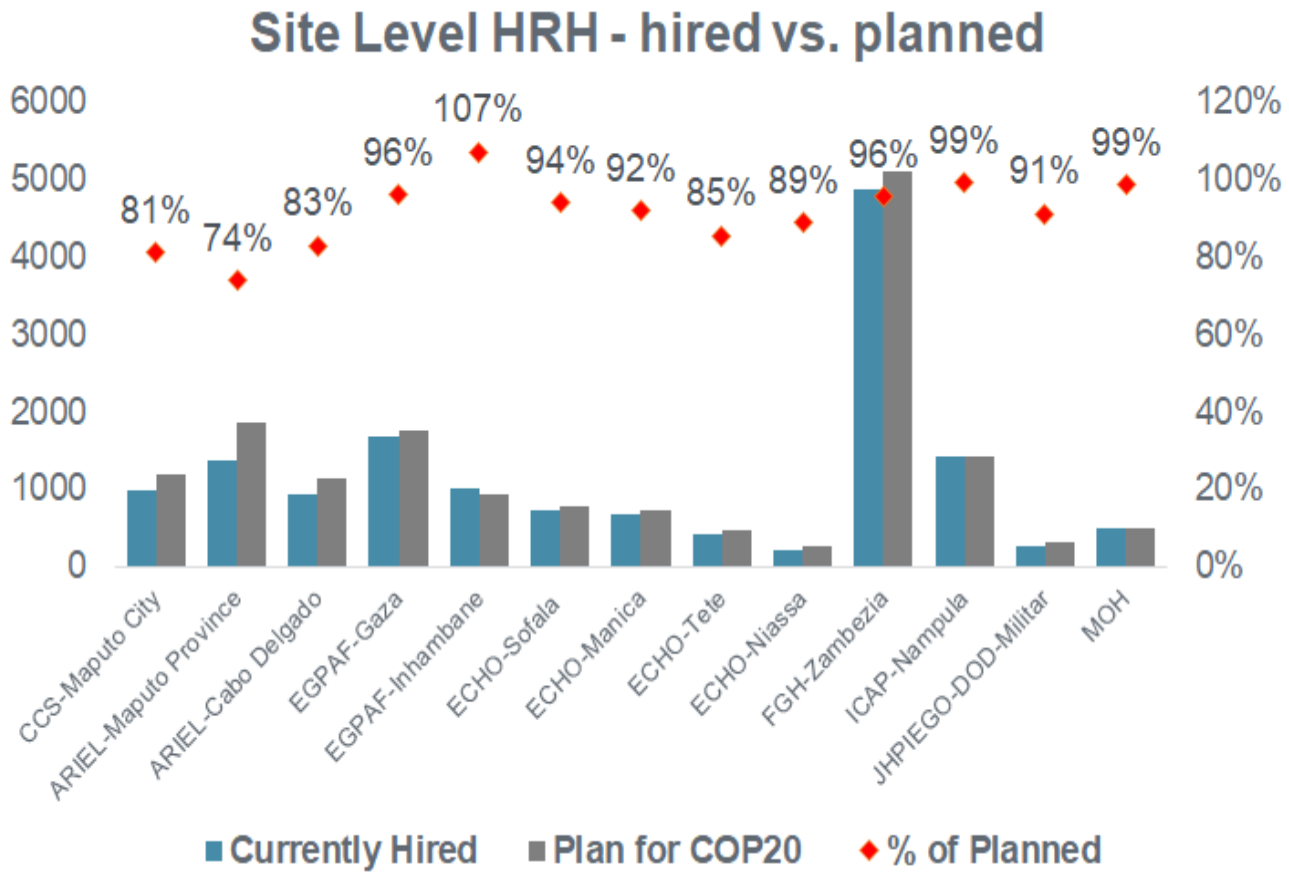
- Facility-based testing volumes have continued to increase throughout COP20
- Community index testing rebound after GRM policy shift to support re-initiation

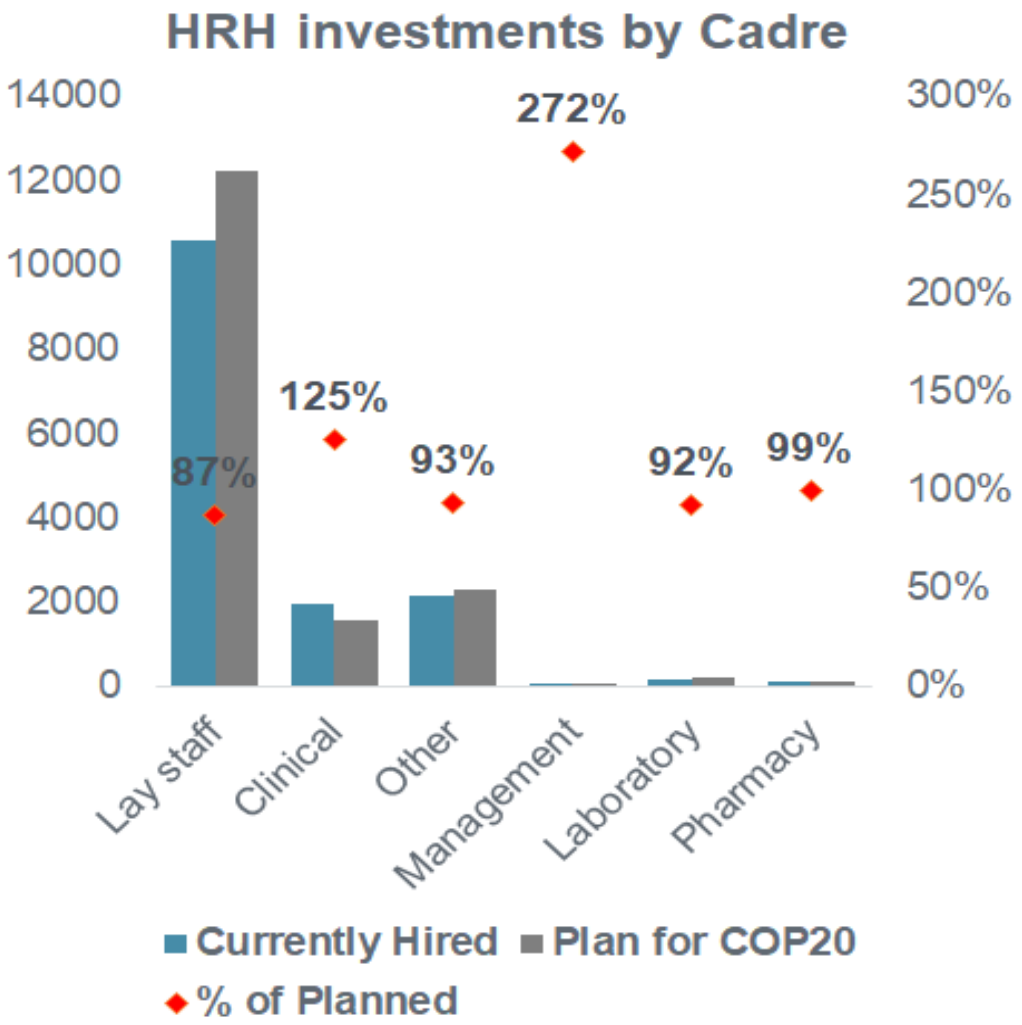
Continued Gains in Retention and VL Suppression, While VL Coverage Rebounds from COVID Impact in FY21 Q1





Continued Scale Up in Site-Level Staff for Program Impact





In-Service Training Challenges Posed by COVID

Increased used of telehealth for training	Reduced participants for face-to-face trainings

What’s New in COP21?

Consolidating and expanding COP20 interventions for high priority demographic groups

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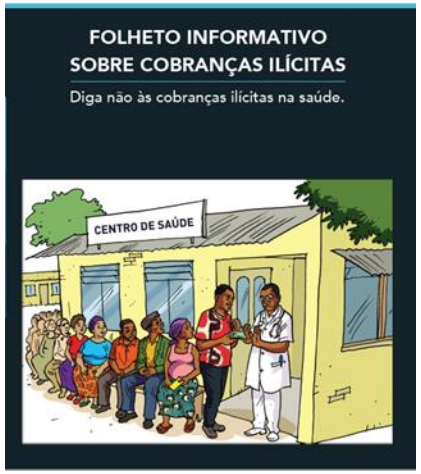
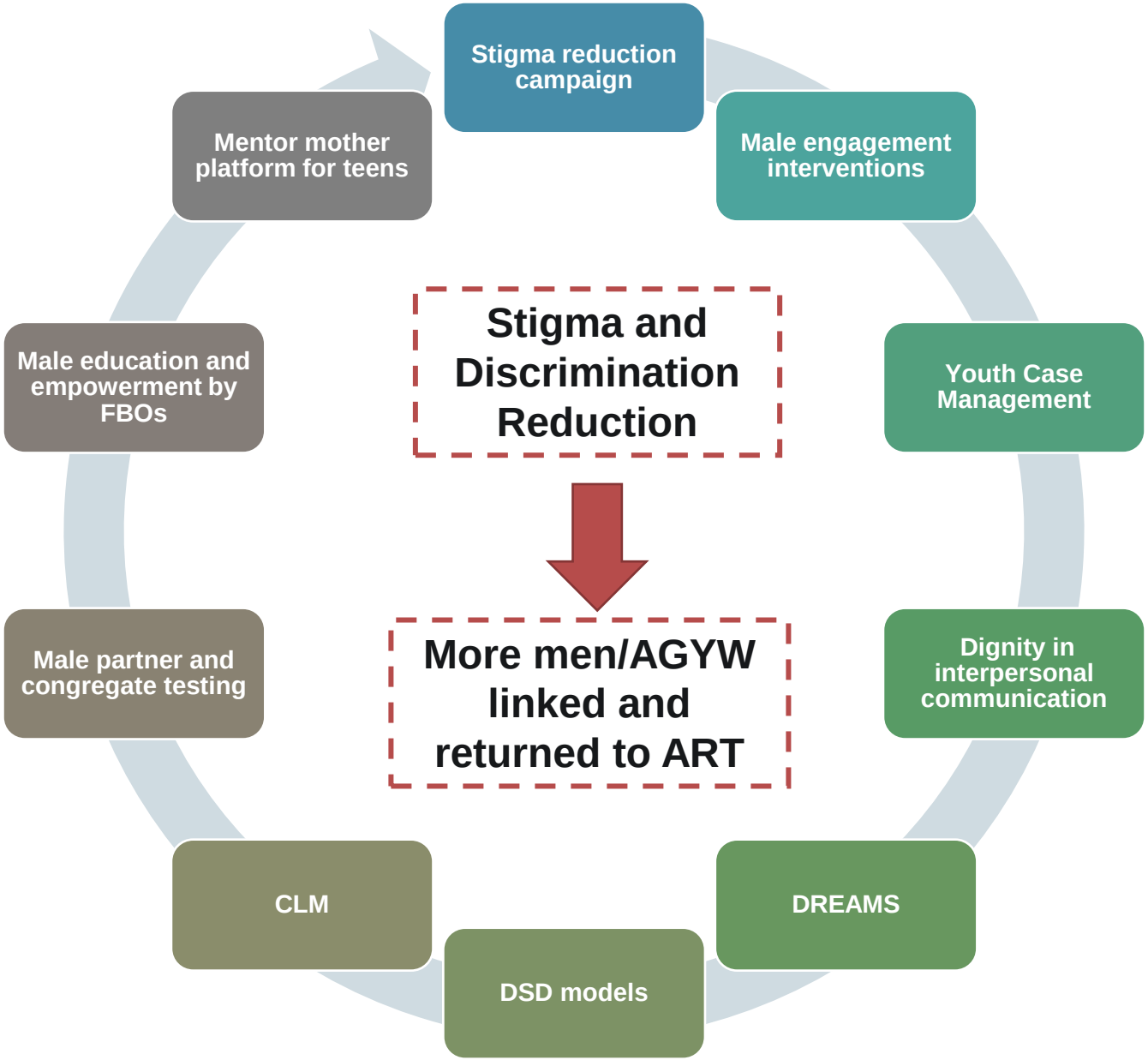
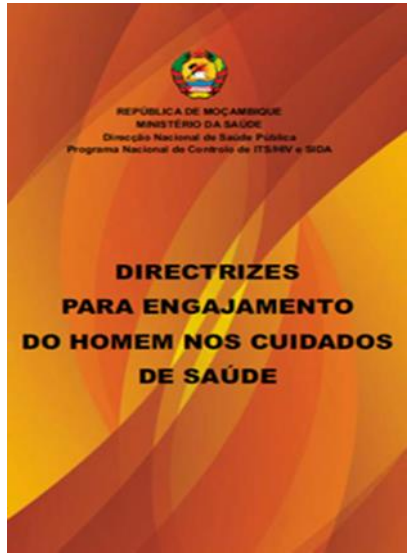
Leveraging Multiple Platforms to Reach AGYW & Young Men







Client-Centered Services: Facility-Based DSD Models

MULTI-MONTH

COP20

- Massive expansion of 3MDD facilitated by eligibility changes due to COVID, leading to a FY21 Q1 TX_MMD of 70%
- 6MDD expansion halted due to supply chain instability and implementation concerns

COP21

- Review eligibility criteria, particularly as it relates to months on ART and viral load documentation
- Expand 6MDD once identified issues resolved

Extended Hours

COP20

- As of FY21 Q2, 68 sites offering model
- By end of FY21, scaled to 117 sites

COP21

- Expand to additional sites based on provincial discussions

MENTOR MOTHER STRATEGY and FAMILY APPROACH

COP20

- Family approach scaled during COVID to nearly all AJUDA sites
- Mentor mother strategy on track to reach full scale in COP20

COP21

- Ensure greater uptake at all AJUDA sites
- Fully scale pediatric mentor mothers for CLHIV >10

Client-Centered Services: Community-Based DSD Models (1)

APE ART Distribution

COP20

- Finalize training package and train 610 APEs in ten provinces

COP21

- Expand to 720 additional trained APEs (total 1,330)

MOBILE BRIGADES

COP20

- Approved for Cabo Delgado, Nampula, Zambezia, Sofala

COP21

- Expand to additional sites based on provincial discussions

PRIVATE PHARMACIES

COP20

- 75 private pharmacies matched to 36 AJUDA sites
- iDART mobile created and launched

COP21

- Maintain footprint

Client-Centered Services: Community-Based DSD Models (2)

GAAC (Community ART Group)

COP20

- Increased enrollment due to COVID (11% of all clients)

COP21

- Maintain as option

COMMUNITY ART USING HEALTH PROVIDERS

COP20

- COVID-19 adaptation currently implemented in six provinces

COP21

- Expand to additional sites based on provincial discussions

KP MOBILE CLINIC

COP20

- Expand to all 11 provinces, with ≥1 hotspot per sub-pop per province/mo.

COP21

- Expand presence to additional selected districts

Client-Centered Services: Facility- and Community-Based Interventions

YOUTH CASE MANAGEMENT

COP20

- YCM package to be finalized in May 2021, to include guidelines, training materials, M&E tools, and job aids
- Two separate packages:
  - Adolescent (10-24 y/o)
  - Adult Male (25-29 y/o)
- Implementation planned for 65 sites across all 11 provinces

COP21

- Expand to 90 sites

MENTAL HEALTH

COP20

- Established National MH TWG
- MH service package finalized
- 32 psychologists and psychiatric technicians hired
- Ongoing training of 157 MH providers (MoH and IPs) between April & May
- Implementation planned for 22 sites covering all 11 provinces

COP21

- Expand to 11 new sites (1 additional site/province)

LITERACY

COP20

- Dissemination of U=U messages
- Somos Iguais campaign (May)
- Adapted *Messages of Hope*
- Expand use of community radio
- Train providers and CHW on enhanced comms + human rights

COP21

- Maintain literacy interventions
- Expand campaign thru social media and inter-personal communication
- Implement QI package to improve health provider communication
- Implement HIV & TB KAP survey

Expansion of Community-Based Services

INDEX CASE TESTING

COP20

- Scale-up halted due to COVID-19 restrictions on ICT
- Introduction of REDCAP survey and improved monitoring of adverse events

COP21

- Expand community-based index testing to all AJUDA sites, with additional counselors at highest-volume sites
- National-level training on new IPV monitoring system & minimum ethical ICT standards

PrEP

COP20

- Established national PrEP targets
- Developed national PrEP guidelines & strategies
- Scale-up to all provinces imminent now that PrEP tools pilot complete

COP21

- Maintain COP20 funding level
- National-level trainings and provincial expansion planned
- Improve uptake among PLW in ANC.
- Expand distribution among KP and sero-discordant couples.

KEY POPULATIONS

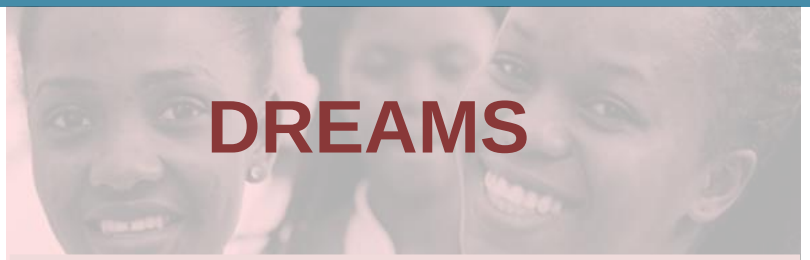
COP20

- Expanded monitoring of clinical cascade with support from KPIF
- Expanded network of KP-friendly providers and public clinics
- Scale-up social network referral testing

COP21

- Maintain COP20 funding level
- Improve national-level coverage of KP reached, from 54% to 72%
- Expansion of PrEP
- Capacity building in preparation for local transition in COP22

Expansion of Prevention & Mitigation Services



DREAMS

COP20

- Geographic scale-up planned, from 9 to 32 districts
- Delays in scale-up related to COVID-19 restrictions and changes to prevention curriculum

COP21

- Flatline funding with COP20
- Fortify community activities in all 32 districts
- Strengthen layering database and improve service reporting
- Improve completion rates and monitor coverage

OVC

COP20

- Increased enrollment of HIV+ and at-risk children
- Plans to achieve 90% enrollment of all C/ALHIV on ART
- Community activities halted due to COVID-19; introduction of “virtual case management”
- Transitions to local partners

COP21

- 12% reduced funding vs COP20
- Increased enrollment of C/ALHIV on ART and at-risk children
- Decrease in prevention activities
- Enhance/standardize data systems for clinical data tracking

VMMC

COP20

- Terminate VMMC for <15 years
- ↑ coverage among 15–24-year-olds
- Services halted due to COVID-19 restrictions on elective procedures

COP21

- Continue scale-up of VMMC services towards 80% coverage in men 15-29 years
- Strengthen demand creation interventions to improve uptake
- Transition 6 sites to direct G2G management

Robust Information Systems Bolster Clinical Care & Improve Data Quality

PHARMACY

COP20

- iDART installed in 257 health facilities with TX CURR > 500 by end of COP20
- iDART mobile created, in use at 75 private pharmacies by end of COP20

COP21

- Expand iDART in additional 43 health facilities with TX_CURR >500 (394 sites by end COP21)
- Expansion of iDART mobile to other community DSD models

ELECTRONIC PATIENT SYSTEM

COP20

- EPTS centralization in 3 provinces by COP20
- PreP and cervical cancer modules added
- MISAU SISMA and TPT completion reports added

COP21

- 4 additional provinces centralized (total of 7)
- More enhancements

INTEROPERABILITY

COP20

- iDART and EPTS interoperable
- iDART and mobile EPTS interoperable
- DISA/EPTS interoperability pilot

COP21

- DISA/EPTS interoperability expansion
- DISA/SIGLUS interoperability

High-Functioning Systems Help Health Facilities Serve Patients Better

LABORATORY

COP20

- Implementation of DNO
- ↑ capacity to 1.7M VL tests/year
- Implementation plans for multiplexing and advanced disease
- Improve LIS tools/dashboards
- Implementation of EQA programs for HIV, EID, and TB

COP21

- SLMTA decentralization (national)
- EQA program expansion (502 HFs)
- Expansion of DISA LIS to 93 sites
- ↑ capacity for VL and EID testing
- Implement multiplexing

INFRASTRUCTURE

COP20

- Construction or renovation of 1 provincial VL lab
- Construction of 35 new adolescent clinics (SAAJ) and 14 school corners
- Renovation and installation of 100 pharmacy privacy screens

COP21

- Two new provincial VL labs
- 35 new SAAJs, and renovation of 11 School health corners
- Post-disaster small renovations
- Mental health consultation room renovation

SUPPLY CHAIN

COP20

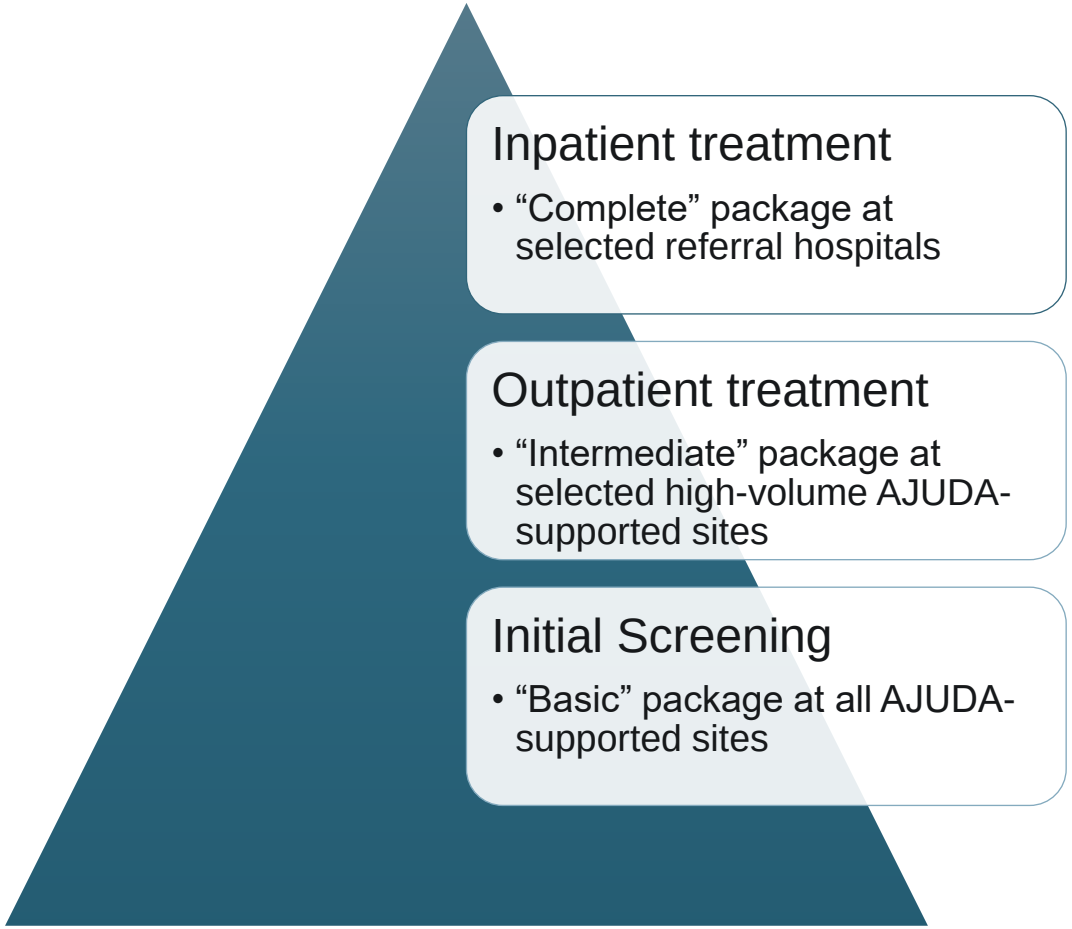
- Expand coverage of Last Mile Drug Distribution to all sites
- Establish consolidated lab sample transportation
- Active pharmacovigilance for TLD and TPT

COP21

- Consolidate Last Mile Drug Distribution using private sector
- Strengthen supply chain end-to-end visibility

Ensuring Availability of Comprehensive Advanced HIV Disease (AHD) Services

- **COP20**: Preparatory phase: Develop and align MISAU policy, GF commodities, and site readiness
- **COP21:** Increase AHD investment to support integrated service provision including diagnosis and referral



AHD Service Provision

- Ensure every province offers robust AHD care in both an inpatient and ambulatory setting
- AHD HRH investments in all provinces
- Create referral mechanisms
- Support diagnosis of AHD in primary care settings

AHD Mentoring and Supervision

- Central implementing partners providing pediatric and adult AHD support to IP, DPS, and MISAU providers
- Senior specialists at provincial level
- Maputo based service/training center (Alto Mae) for clinical mentorship

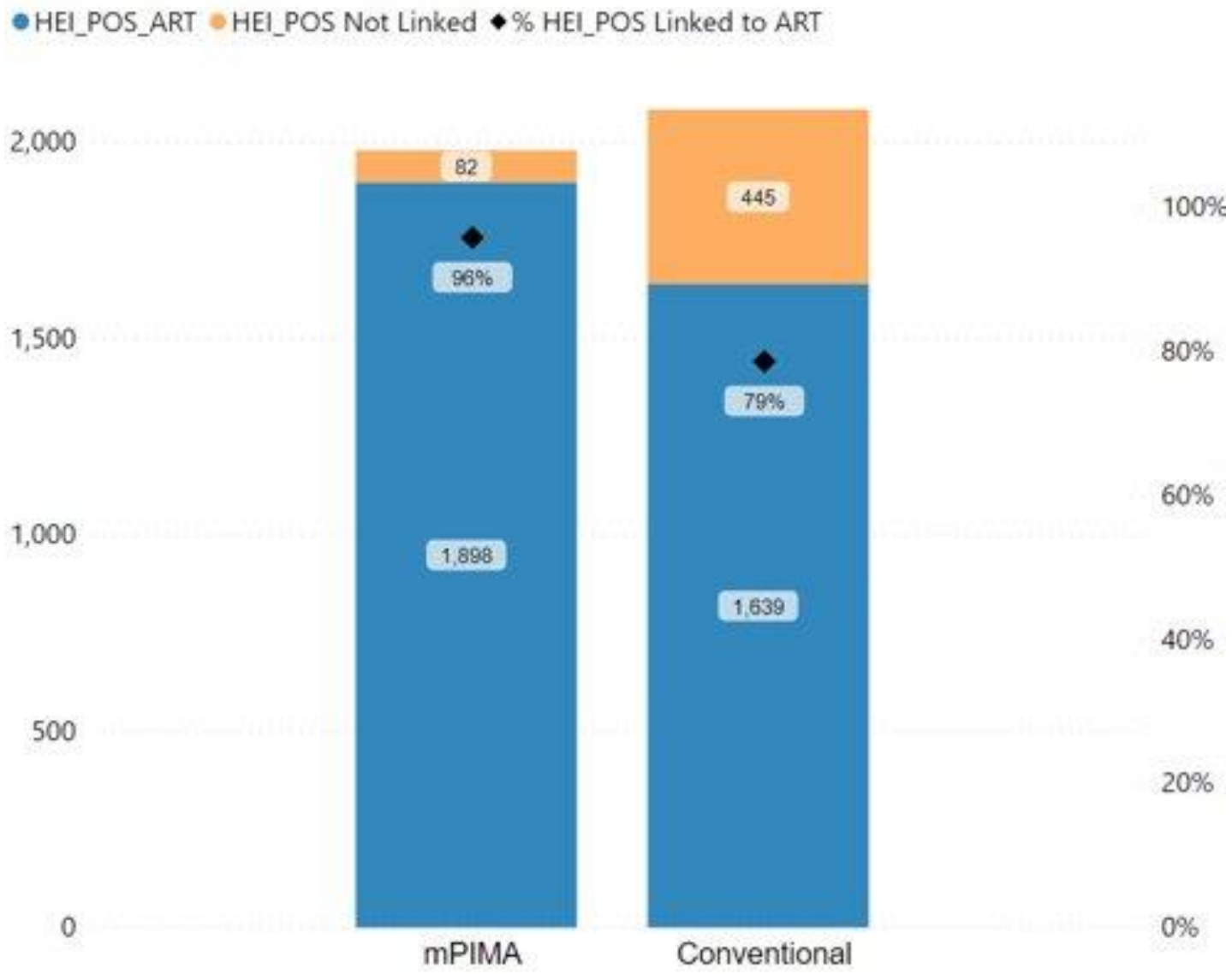
Multiplexing on Two Platforms Set to Launch in Late FY21

Thematic Area	Status Update
Activity Objective	Current diagnostic gaps in the HIV and TB response can be supported through optimal use of existing technologies. Multiplexing and diagnostic integration has the potential to improve viral suppression by transforming adherence support with same day test results for highest risk clients.
Optimization Efforts	Mozambique conducted two significant optimization exercises over the past 12 months • FY20 Diagnostic Network Optimization (HIV) • FY21 Diagnostic Network Assessment (TB)
Status Update	• **Phase I (Aug 2021)**: Approximately 10 m-PIMA sites + 10 GeneXpert sites (site list TBD) • Procurement in process • **Phase II (Feb 2022)**: Approximately 26 m-PIMA sites + 26 GeneXpert sites (site list TBD)
Beneficiaries	Phase 1: Pregnant and lactating women (PLW); Children <5 years of age Phase 2: Other priority populations under discussion with GRM
Site Selection	The following criteria will be used: • Presence of DISA (laboratory information system) • Documented excess capacity >80% • Programmatic need (criteria under discussion with GRM)

EID POC Testing Platform Offers Linkage Advantage in Optimized Network

- EID POC testing presently available at 134 sites
- Inconsistent benefit in testing coverage with POC technologies
- Impressive improvement in linkage for HIV+ infants at POC sites
- PEPFAR could consider EID POC expansion to higher volume, high need sites, but would require budget reprogramming

POC vs Conventional HII Linkage Performance, Q1FY20-Q1FY21



Implement a National Lab Sample Transport System for Shorter Specimen Turnaround Times

Features of AMOSTRA

- Consolidation of all lab sample types
- Engagement of the private sector
- Informed by and builds on the Diagnostic Network Optimization exercise
- Adaptable to the district/provincial context
- Integrates DISA-Link and works towards end-to-end data visibility
- Increases visibility and transparency on cost and performance

Effective
A system that is reliable, consistent, and with short turnaround times

Efficient
A low cost per unit and comparable costs across provinces

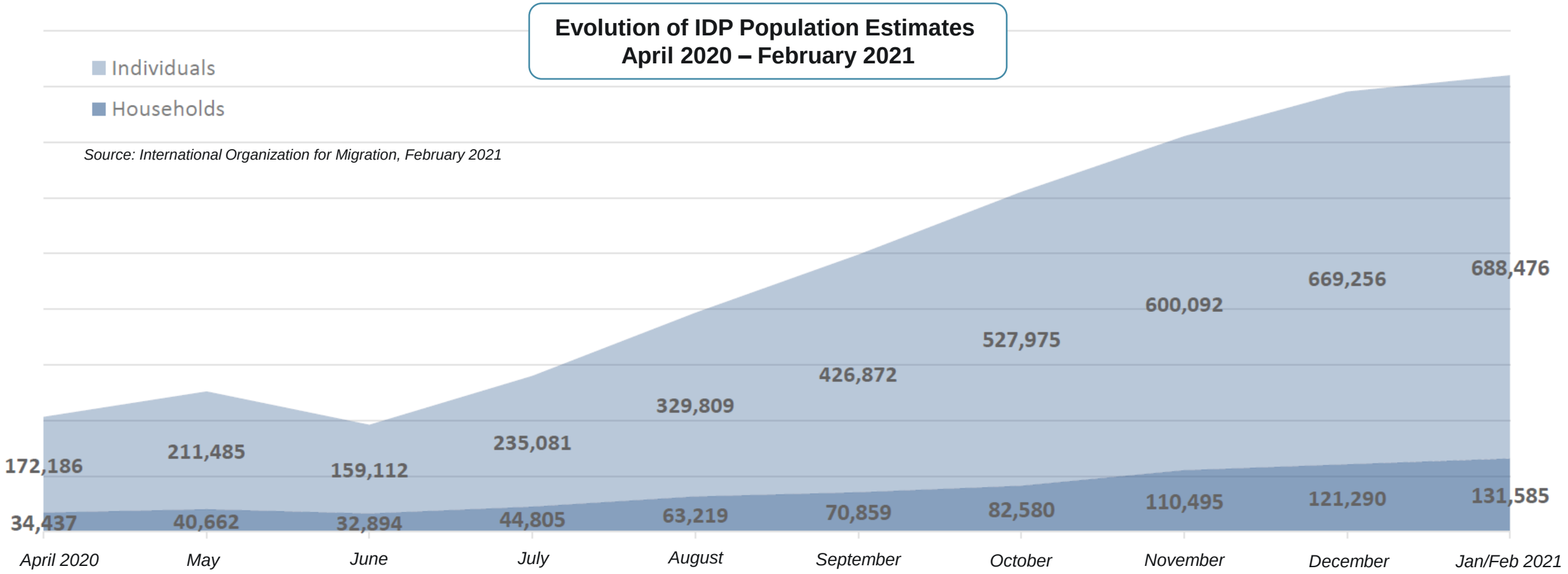
Transferrable
A system ready to be handed over to the GRM for their management

Suggested Provincial Roll-Out Timeline						
COP20	Tete	Sofala				
COP21	Niassa	Manica	Maputo C.	Maputo P.	Inhambane	Gaza

Escalating Instability in Northern Mozambique

Overview

- Nearly 700,000 internally-displaced people (IDP) in northern Mozambique
- 580,000 displaced in 2020 alone
- 41 of 129 (**32%**) facilities in Cabo Delgado closed or non-functional (COP20 RPM: **2%** were closed)
- Instability and displacement now impacts PEPFAR implementation in Cabo Delgado, Nampula, and Niassa



PEPFAR Adapting to Dynamic Environment in Northern Mozambique

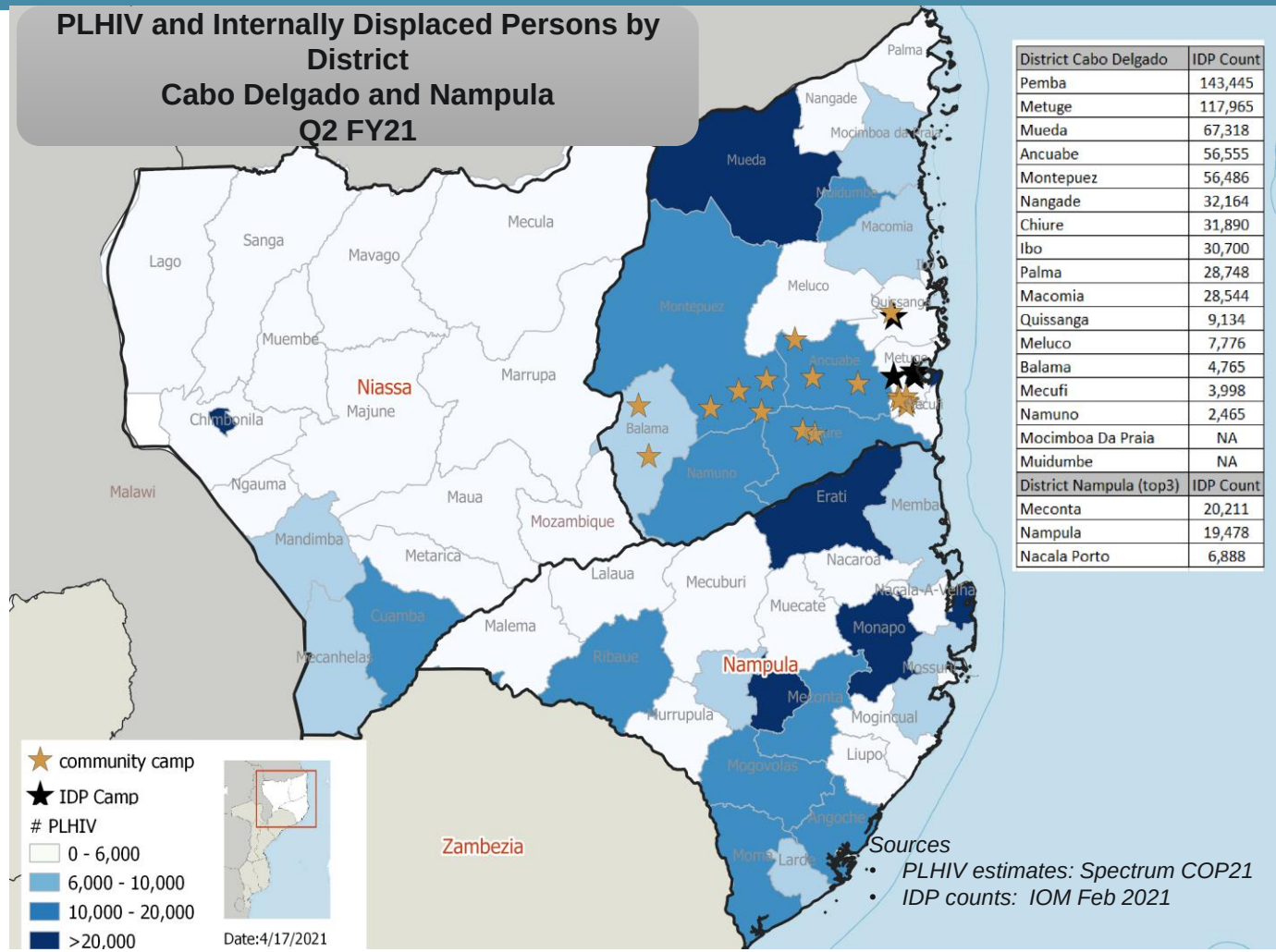
Adaptations: Stabilize HIV Treatment in Crisis (FY21)

- Mobile brigades (MB) for internally displaced PLHIV
- Ambition funds support MB, provide mentor mother outreach within camps, and locate and link PLHIV in displaced communities
- CDC IP, PEPFAR DOD, and military coordination in insecure areas
- Monthly dashboard tracks testing, linkage, TX_CURR in secure and insecure areas
- PEPFAR field advisor in Nampula

Innovations: Diversify Approach (FY22)

- Introduce IP with focus on service continuity in conflict settings
- Expand MB in CDG, Nampula
- Introduce OVC program in IDP receiving communities (Nampula)
- Expand mentor mother programs serving IDP PLW

PLHIV and Internally Displaced Persons by District
Cabo Delgado and Nampula
Q2 FY21



District Cabo Delgado	IDP Count
Pemba	143,445
Metuge	117,965
Mueda	67,318
Ancuabe	56,555
Montepuez	56,486
Nangade	32,164
Chiure	31,890
Ibo	30,700
Palma	28,748
Macomia	28,544
Quissanga	9,134
Meluco	7,776
Balama	4,765
Mecufi	3,998
Namuno	2,465
Mocimboa Da Praia	NA
Muidumbe	NA
District Nampula (top3)	IDP Count
Meconta	20,211
Nampula	19,478
Nacala Porto	6,888

Sources
- *PLHIV estimates: Spectrum COP21*
- *IDP counts: IOM Feb 2021*

Synergies: Overall USG Investment (FY21-22)

- $22 million for food, water, shelter, non-food items, targeting IDP's in Nampula/CDG (USAID/BHA)
- $14.4 million to strengthen resilience in communities hosting IDPs (USAID/OTI)
- $5.1 million to reduce incidence of early forced marriage (USAID + Total Corporation)

Stakeholder Engagement

Building better partnership with government, multilaterals and civil society including faith-based organizations

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G2G Progress Ensures Continuity of HIV Services at the Facility and in the Community

Adapted Policy and Guidelines in COVID Context

- Expanded eligibility for 3-month dispensing of ARVs
- ARVs distributed in communities via mobile brigades
- Psychosocial support services for eligible patients every 6mos
- 3 month dispensing of PrEP and INH
- Criteria for safe conduct of community interventions

Strengthened Quality of Implementation

- Increased frequency of Provincial Directorate (DPS) supervisory visits
- Reduced ARV stockouts through monthly medicine distribution to all districts
- Improved coordination between DPSs, USAID/CDC and IPs via virtual platforms
- Increased inspection activities; focus on ARV management and use

Improved Management of G2G Agreements

- MISAU Cooperative Agreement (CoAg) on track with 28% spend in COP20 Q1
- CoAg Management Unit established to further strengthen MISAU funds management
  - 5 additional MISAU staff hired
  - Increased engagement of CDC & USAID staff
- Strengthened technical capacity in: 1) Planning, 2) Administration, 3) Finance, 4) Human resources, and 5) M&E

COVID Required All Partners to Collaborate

GF New Grant Development

Dedicated PEPFAR staff assigned to follow and contribute to process

Frequent contact at technical level to coordinate in areas of intersection

COP Process Engagement

Close collaboration with GF, UNAIDS, MSF

Key documents shared for feedback

COVID-19

Emergency response has required deeper engagement with broader range of collaborators

PEPFAR staff contributing in Country Coordinating Mechanism, TWG level, and working to secure outside consultants to support COVID-19 Response Mechanism development

Civil Society (CS) Voice Critical to PEPFAR Programming

ENGAGEMENT

Meeting with CS (>20 Sessions Over Past Year)

- Quarterly discussion of PEPFAR results
- National multi-stakeholder planning of CLM
- Updates on PEPFAR community portfolio activities
- Frequent consultations with CS for COP21 preparation

SHARED UNDERSTANDING

Ensuring PEPFAR Team Understands CS Priorities

- Technical staff from all program areas participate in quarterly CS meetings
- Meeting notes shared with all PEPFAR staff
- Agency leadership briefed on CS priorities and provide guidance for subsequent action

INCORPORATION

Integrating CS Priorities into PEPFAR Programs

- PEPFAR TWGs met following COP21 CS Priorities presentation
- Technical staff review plans to cross-check with CS priorities
- PEPFAR provides written and verbal feedback to CS comments and requests

COP20 Civil Society Capacity Building

PLASOC-M & PEPFAR Partnership

- $50K grant to support PLASOC-M to fulfill its mandate of advocating for the health of Moz ambicans, and particularly people living with and affected by HIV
- Support PLASOC-M in hiring Executive Secretariat to lead executive functions of the civil society platform

COP20 Civil Society Strengthening Activities

CBO Capacity Building for CLM and Promotion of Human Rights

- Training and mentorship of 39 CBOs funded by Community Grants & CNCS/USAID in:
  - Health and human rights promotion
  - Identification and resolution of barriers related with health services access

Faith-Based Organizations Engagement

COP20

- **Training package and communication materials** completed with contributions from PIRCOM, National Council of Religions, CNCS, MOH, Civil Society and PEPFAR
- **National TOT completed** at the end of March with more than 80 provincial representatives, including GRM health officials, religious leaders, and PEPFAR IPs
- **Supported establishment of Religious Congregation Committee**, managed within CNCS and launched in March 2021
- **Provincial plans for FBO package implementation** to be concluded in April 2021
- **Printing and distribution** of communication materials (May 2021)

COP21

- **Continue to support FBO engagement package** and expand from district capitals to urban areas
- **Increase engagement of faith-based community radio** in disseminating messages
- **Support social mobilization activities** – health fairs, sports tournaments, etc. – led by religious organizations at the district level
- **Continue to support engagement of FBO representatives** in village health groups
- **Strengthen and expand Religious Congregation Committee** to new FBOs

Managing for Results

Adapting partner oversight and accountability to COVID context maintains momentum

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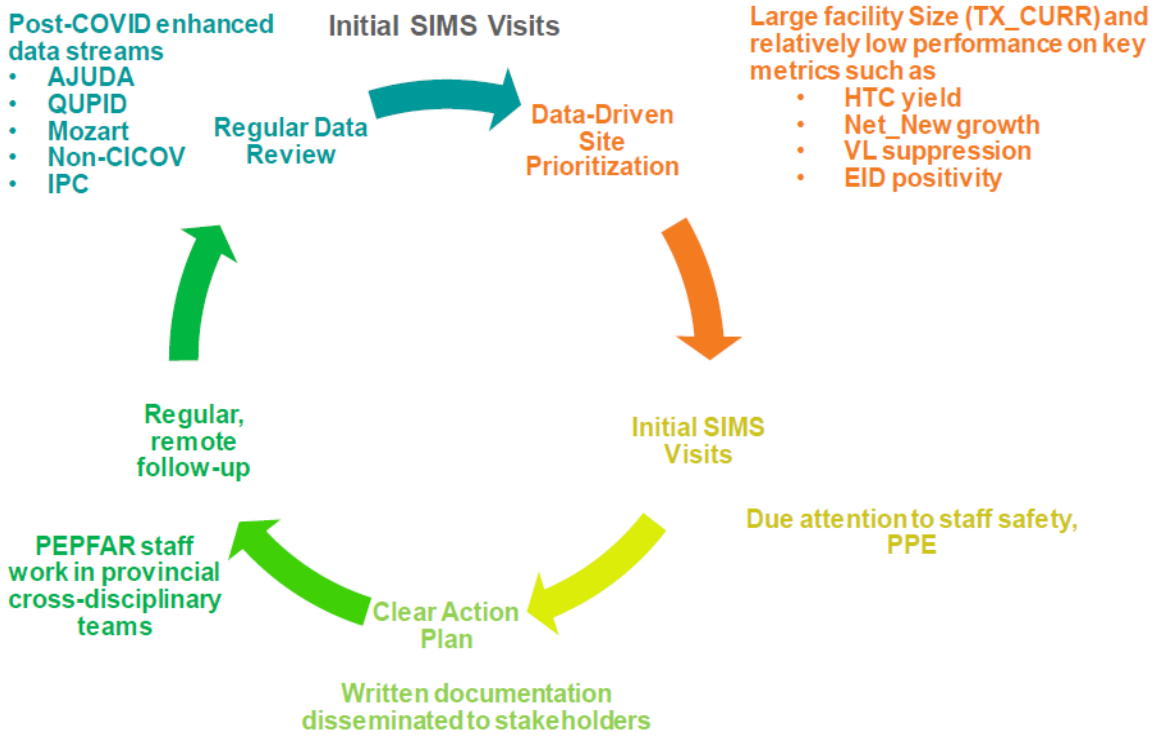
Revised CDC Site-Level Management

- **Virtual support scaled up during COVID-19**
  - Weekly OPS meetings to plan and coordinate
  - Biweekly provincial/district teams
  - Monthly central program and CoAg teams
  - Quarterly high-level MER review
  - Ad hoc technical deep dives with IPs (i.e., Pediatric C&T)
- Revising site visit strategy into a "**SIMS-GSM hybrid approach**"
  - Focus on high volume/new sites, sites with low performance on key indicators, and an integrated QA/QI approach
  - Use SIMS 4.1, and Moz-specific GSM indicators and SDMS electronic app
  - CDC Moz organized into "Provincial Teams" with clinical and SI POCs
  - Site visits resumed with strict COVID19 protocol
- Newly created **Field Implementation Team** with 2 field-based officers (Zambezia and Nampula)



CDC/IP/GRM – DQA in Zambezia

CDC/IP/GRM joint visit

Revised USAID Partner Management

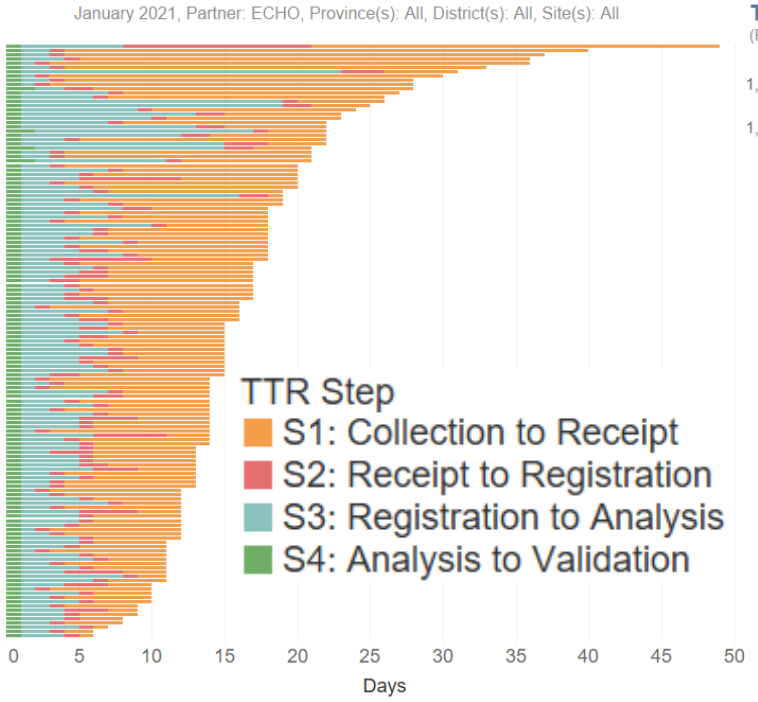
USAID Partner Management Shifts

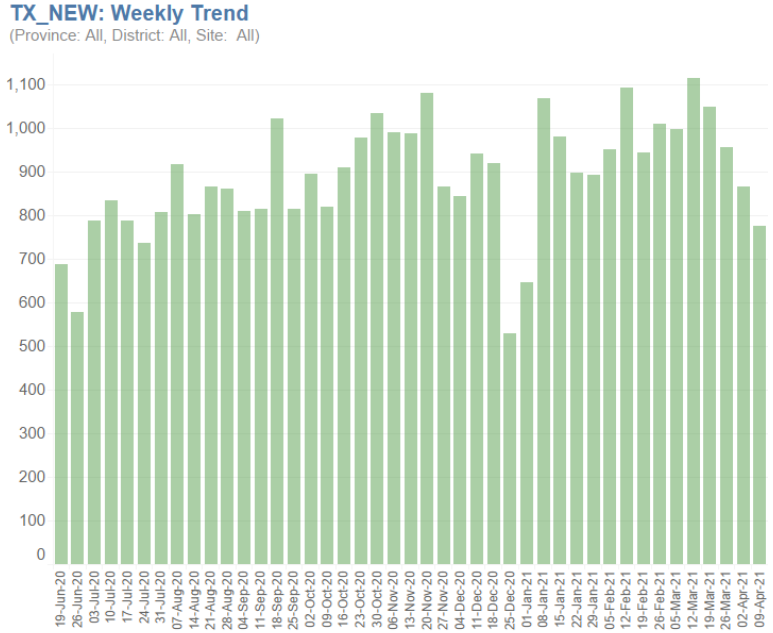
Enhanced Data Access

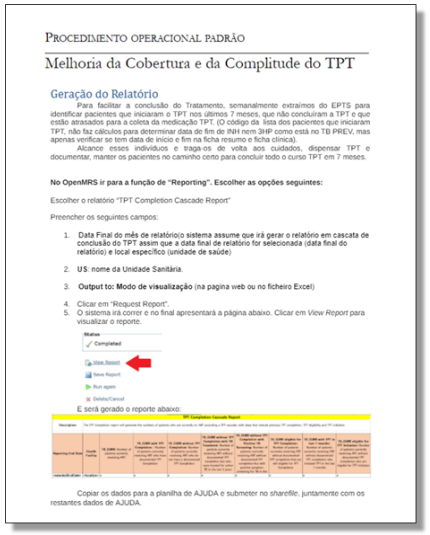
- Leveraged electronic systems to facilitate more real-time data to monitor impact of COVID on service delivery (weekly TX dashboard, daily VMMC dashboard)
- Incorporated new data streams into enhanced monitoring framework (TPT and viral load)
- Introduced monthly KP enhanced monitoring report

Improved Communication

- Restructured AJUDA Champion Teams to better support technical analysis
- Reorganized clinical partner monthly reviews, now conducted in two groups and by province
- Review monthly budget performance







PROCEDIMENTO OPERACIONAL PADRÃO

Melhoria da Cobertura e da Complitude do TPT

Geração do Relatório

Para facilitar a conclusão do Tratamento, semanalmente extraímos do EPTS para identificar pacientes que iniciaram o TPT nos últimos 7 meses, que não concluiram a TPT e que estão atrasados para a coleta da medicação TPT. (O código da lista dos pacientes que iniciaram TPT, não faz cálculos para determinar data de fim de INH nem 3HP como está no TB PREV, mas apenas verificar se tem data de inicio e fim na ficha resumo e ficha clínica).

Alcance esses individuos e traga-os de volta aos cuidados, dispensar TPT e documentar, manter os pacientes no caminho certo para concluir todo o curso TPT em 7 meses.

No OpenMRS ir para a função de "Reporting". Escolher as opções seguintes:

Escolher o relatório "TPT Completion Cascade Report"

Preencher os seguintes campos:

1. **Data Final do mês de relatório**(o sistema assume que irá gerar o relatório em cascata de conclusão do TPT assim que a data final de relatório for selecionada (data final do relatório) e local especifico (unidade de saúde)
2. **US**: nome da Unidade Sanitária.
3. **Output to: Modo de visualização** (na pagina web ou no ficheiro Excel)
4. Clicar em "Request Report".
5. O sistema irá correr e no final apresentará a página abaixo. Clicar em *View Report* para visualizar o reporte.

Status

Completed

View Report

Save Report

Run again

Delete/Cancel

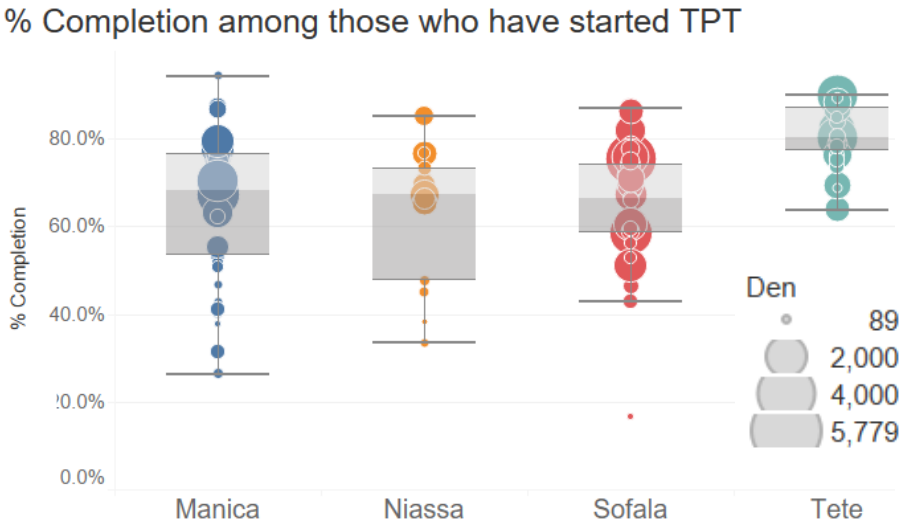
E será gerado o reporte abaixo:

TPT Completion Cascade Report

Description: The TPT Completion report will generate the number of patients who are currently on INH according to TPT cascade with steps that include previous TPT completion, TPT eligibility and TPT initiation.

Reporting End Date	Clinic Name	TB_CUMR: Number of patients ever registered for TB treatment	TB_CUMR active on TPT: Cumulative number of patients currently registered for TB treatment who have ever received TPT (completion)	TB_CUMR active on TPT Completion: Number of patients currently registered for TB treatment who have ever received TPT (completion)	TB_CUMR active on TPT Completion with start date: Number of patients currently registered for TB treatment who have ever received TPT (completion) with a recorded start date	TB_CUMR eligible for TPT: Number of patients who have ever been eligible for TPT (completion)	TB_CUMR eligible for TPT completion: Number of patients who have ever been eligible for TPT (completion)	TB_CUMR TPT +/- Number of patients who have ever been eligible for TPT initiation
yyyy-mm-dd 00:00:00	description							

Copiar os dados para a planilha de AJUDA e submeter no *sharefile*, juntamente com os restantes dados de AJUDA.



American Rescue Plan Act (ARPA)

Protecting PEPFAR gains in the face of COVID-19 through ARPA funds

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Impactful American Rescue Plan Act (ARPA) Funding

Category	Budget
I. Prevention	**$6,625,003**
I.A. Prevention: IPC	$2,150,000
I.B. Prevention: Vaccination	$2,200,002
I.C. Prevention: Testing	$575,000
I.D. Prevention: Clinical Management	$1,700,001
II. Mitigation and Repair	**$13,425,003**
II.A. Mitigation and Repair: Logistics	$2,500,000
II.B. Mitigation and Repair: Laboratory	$1,523,000
II.C. Mitigation and Repair: Repair of Program Injury	$9,402,003
Grand Total	**$20,050,006**

ARPA: Keeping COVID Under Control Through Prevention

PREVENTION

IPC
$6.6 Million

- PPE for PEPFAR staff
- IPC continuous quality improvement initiative
- Secondment of 2 COVID advisors to government of Mozambique to support coordination

Vaccination
$2.2 Million

- Vaccine distribution from province to facility
- Clinical partner support for vaccine administration at sites

Testing
$575,000

- Addition of COVID-19 testing to PHIA and INSIDA
- Detection of COVID variants to guide public health strategy

Clinical Management
$1.7 Million

- Case management training
- Oxygen production, monitoring, and supply chain
- Stopgap funds for COVID treatment commodities

ARPA: Keeping PEPFAR Moving Forward In Face of COVID

MITIGATION AND REPAIR

Logistics

$2.5 Million

COVID-19 supply chain systems support

Laboratory

$1.5 Million

- Installation of laboratory information system in INS public health lab
- Personnel and TA visits for COVID lab testing
- Xpert multiplexing for TB and COVID-19

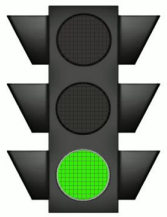
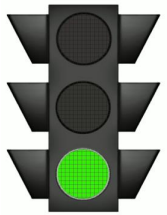
Repair of Program Injury

$9.4 Million

- Accelerate community HIV activities (ICT, mentor mothers)
- DSD expansion according to provincial context
- HIS for COVID adaptation (VMMC demand creation, OVC virtual case management, mobile pharmacy)
- Support at COVID/TB interface, (COVID tests of deteriorating TB patients)

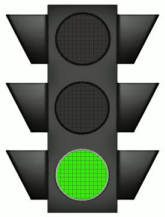
Minimum Requirements

Minimum Requirements – Care and Treatment

Minimum Requirement	Status	
1. Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.	Full national adoption of Test and Start in all ART facilities. FY21 Q1 linkage rate is 95%; however, additional work is need to ensure 95% linkage rate across all age, sex, and risk groups.	
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 ≥4 weeks of age and weigh ≥3kg, and removal of all NVP- and EFV-based ART regimens.	As of March 2021, TLD consumption was 99% among all adults and 94% of all pediatric patients were on an optimized regimen. NVP destruction is planned in FY21. Introduction of DTG 10 for CLHIV <20kg planned for January 2022.	
3. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	As of FY21 Q1, TX_MMD was 70%. In FY21, DDD through private pharmacies will be launched at 75 sites across ten provinces. Other DSD models, including extended hours, community ART distribution through health providers and lay staff (APEs), mobile brigades, and KP mobile clinics are designed to improve ART coverage for different demographic and risk groups. Pregnant women are not eligible for most DSD models except mobile brigades.	

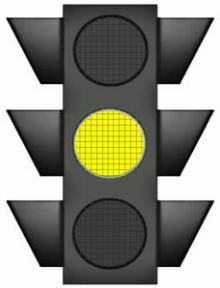
Minimum Requirements – Care and Treatment

Minimum Requirement	Status
4. All eligible PLHIV, including children and adolescents, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into HIV clinical care package at no cost to the patient.	Preliminary estimates from a new monthly TPT report for March 2021 sites suggest that 39% of TX_CURR have documented TPT completion, 16% are actively in treatment for TPT and 3% are not currently eligible for TPT. Therefore, 42% of TX_CURR (507,000) do not have documented TPT completion and need their records updated or are still eligible for TPT. We expect to update patient charts or start these remaining clients on TPT by February 2022 in a focused TPT mop-up campaign in collaboration with MOH and implementing partners. This will be facilitated by a new line list facility level report released in June 2021. Partners also have improved systems to ensure high TPT completion rates. Cotrimoxazole is fully integrated into the HIV clinical care package at no cost to the patient.
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.	The Diagnostic Network Optimization was completed in FY20. Mozambique currently has the laboratory capacity for ~75% coverage of viral load testing. VL results, from collection to validation, are carefully tracked in the national LIS, with a FY20 Q1 turnaround time of 18 days (note: time for results delivery to the client is not tracked in LIS). EID capacity is robust and meets current needs.



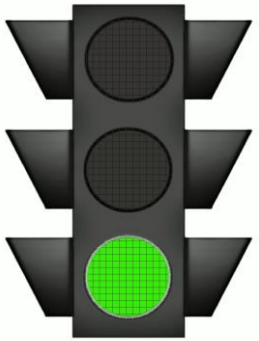
Minimum Requirements – Case Finding

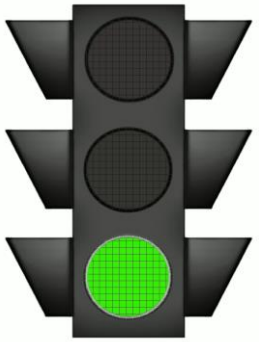
Minimum Requirement	Status
1. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be offered testing for HIV.	*Index Testing*: Scale-up of community- and facility-based index testing to all clinical IP sites in COP21. *Self-Testing*: National guidelines on self-testing released during FY20 Q1. PEPFAR will support demand creation activities, complementing Global Fund resources that will procure self-test kits in COP20. Self-testing distribution has started. *IPV*: IPV pilot results were used to inform national index testing model, including screening for IPV. MoH has conducted a national training on IPV and IPs are now preparing for provincial-level trainings. COP20 activities include certifying counselors in IPV and reinforcing existing IPV monitoring systems *ICT Policy*: MoH updated policy in FY20 Q1 to increase age of index testing to include adolescents up to 14 years of age. National screening tools were altered and reprinted to align with this policy change.



Minimum Requirements – Prevention and OVC

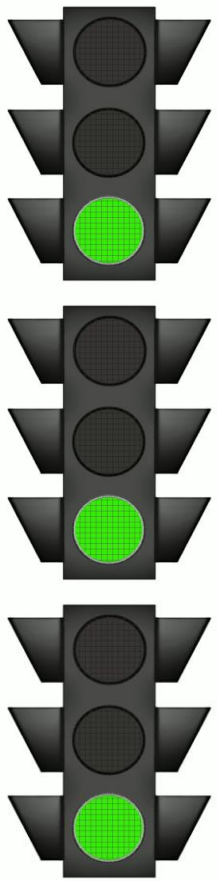
Minimum Requirement	Status
1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices).	Based on the Zambezia PrEP evaluation, MISAU provided concurrence for the COP20 scale-up of PrEP for PBFW, adolescents 15+, sero-discordant couples, and key populations. The age for PrEP eligibility was lowered from 18 to 15 years of age.
2. 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) 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 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	The OVC program reports to S/GAC on a semi-annual basis. In FY20, PEPFAR/Mozambique surpassed its OVC_SERV target (103%). PEPFAR/Moz reported 95% OVC_STAT within the comprehensive package. Also, 99% of C/ALHIV OVC beneficiaries are confirmed to be enrolled in ART, as confirmed by case management within OVC program catchment areas.



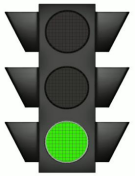


Minimum Requirements – Policy and Public Health Systems Support

Minimum Requirement	Status
1. 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.	Mozambique does not have user fees for HIV-related services.
2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, agency agreements, and national policy.	Continuation of joint site visits and scale up of enhanced granular site management approach. This will include integrated CQI and action plans with IPs and GRM to improve overall site standards.
3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host 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.	Under the leadership of CNCS, Mozambique will continue to implement its stigma campaign, set to launch in May 2021. The campaign's key messages have been harmonized with the WHO-funded U=U campaign initiated in FY20 and bolstered by the COP20 faith-based interventions that are reaching key religious influencers and their congregants.



Minimum Requirements – Policy and Public Health Systems Support

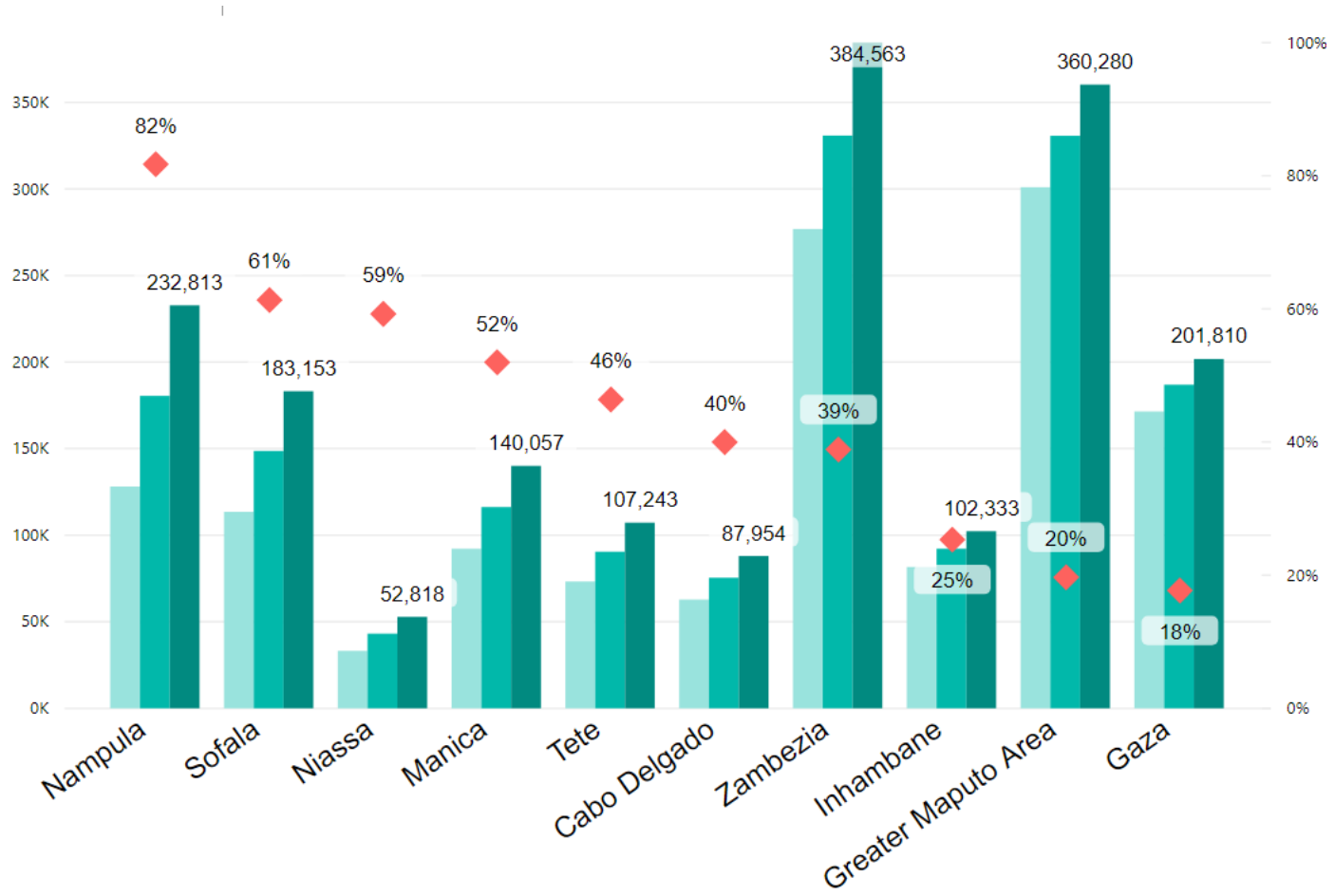
Minimum Requirement	Status	
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	USAID increased proportion of total funding going to local partners. CDC proportion uncertain due to TBDs but likely to increase given modest local funding preference.	
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	GRM supports the health system (salary payments for HRH, maintenance of HF). No funds were provided for ARV's in 2021 due to fiscal challenges.	
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Electronic Patient Tracking System at 608/628 sites tracks treatment interruption due to mortality. COMSA is a prospective surveillance system that follows a sample of ~1M Mozambicans for mortality by cause.	
7. Scale-up of case surveillance and unique identifiers for patients across sites.	National eCRVS and unique identifier registration system exists. Implementation began in December 2018 and 4,951,514 people have a unique identifier currently through 163 conservatories and 307 hospitals. A pilot to register 1,000 children and introduce the unique identifier registration at select health facilites started in COP20 in coordination with leading eCRVS donors, the Ministry of Justice and MISAU.	

Targets

Overall National Target Expectations

	Historical Results			Final Allocations	
	2018	**2019**	**2020**	**2021 Expected TX_CURR**	**COP21 Target**
PLHIV	2,178,274	2,243,966	2,130,428	2,130,428	2,130,428
TX_NEW	335,470	290,140	272,308	330,000	325,000
TX_CURR	**1,107,749**	**1,159,635**	**1,354,192**	**1,619,123**	**1,860,139**
NET_NEW	112,202	51,886	194,773	264,931	241,016
% Net Gain	11%	5%	17%	20%	15%
% ART Coverage	51%	52%	64%	76%	87%
% Retained	83%	83%	95%	96%	96%

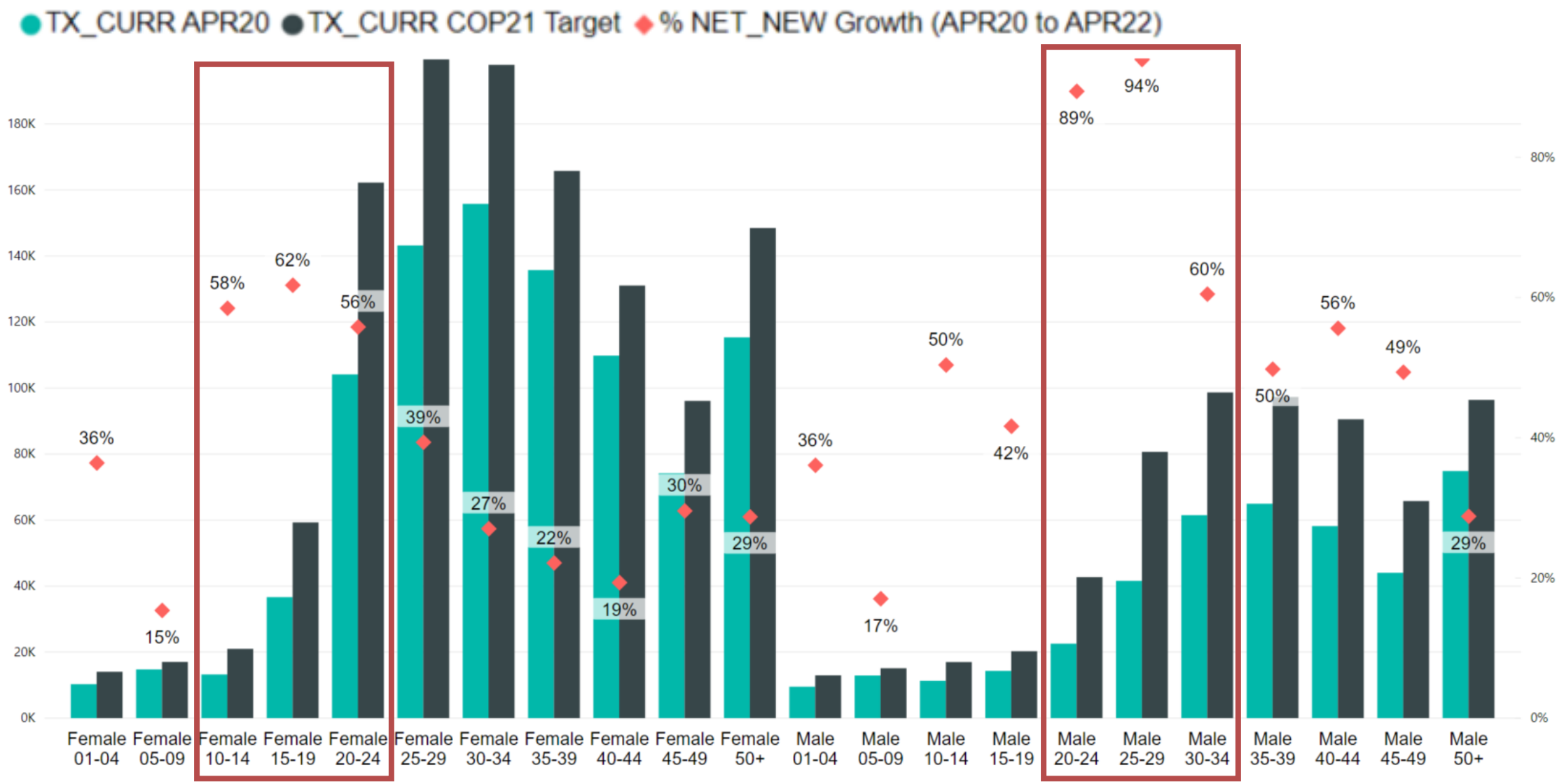
TX_CURR Targets from FY20 to FY22 by Province



Greater Maputo Area SNU	% ART Coverage (APR20)	% ART Coverage (APR21 Expected)	% ART Coverage (APR22 Target)
Tete	91%	112%	132%
Gaza	87%	94%	102%
Inhambane	75%	85%	94%
Manica	60%	75%	91%
Greater Maputo Area	75%	83%	90%
Zambezia	62%	74%	85%
Nampula	46%	64%	83%
Sofala	51%	67%	82%
Niassa	47%	61%	75%
Cabo Delgado	38%	46%	53%
Total	**63%**	**75%**	**87%**

- APR20 TX_CURR
- APR21 Expected TX_CURR
- APR22 Target TX_CURR
- % NET_NEW Growth (APR20 to APR22)

Males 20-35 & Females 10-25 Targeted for Highest TX_CURR Growth



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Budget

PEPFAR Moz Budget Objectives in a Budget Reduction Environment

Engage and Respond to Stakeholders

- Government of Mozambique
- Civil Society
- Multilaterals
- CAST

Leverage Full Expertise of Diverse Team

- Directors determine high-level direction
- Interagency technical staff review and adjudicate every budget line
- Technical staff provide feedback to leadership
- Directors consider guidance revisions

Assess All Budget Elements

- Find efficiencies
- Assess partner expenditures and performance
- Eliminate less mission critical activities
- Preserve funding to most essential programs
- Increase funding in cases when necessary or strategic

Strategic Retooling of Direct Services Budget

Launch

- Support MISAU's stigma and human rights agenda by training providers and lay staff not covered by GF

Expand

- Advanced HIV disease services
- Youth case management
- Community ART models
- 6MDD
- POC VL: multi-plexing on mPIMA & Xpert
- Mental health services
- Faith-based interventions
- Mentor mother support to CLHIV <10

Maintain

- Community-led monitoring
- Site-level (DSD) staffing at same or higher investment
- Mentor mother program at all AJUDA sites

Shift

- From nationally-focused strategic marketing/ stigma campaign to provincial promotion and local activities
- Use documented male client concerns to shape male engagement portfolio

Reduce

- COP20 iDART saturation reduces COP21 expansion needs
- Cut admin costs, where possible
- Focus TA efforts on highest volume and under-performing sites

Strategic Adaption of Existing Budget to COP21*

Category	Budget Bucket	COP20	COP21	% change
New activities	PLL/Condoms	$0	$702,216	N/A
Budgets increased	PLL/VMMC	$14,475,262	$27,000,000	87%
	AS/Supply Chain (non-commodities)	$17,578,949	$18,691,193	6%
	P/GBV, NOS	$2,239,213	$2,296,901	3%
	National G2G, NOS**	$8,604,078	$7,523,461	-13%
	Provincial G2G, NOS**	$5,571,387	$5,631,623	1%
Budgets preserved	PLL/Cervical Cancer	$5,500,000	$5,500,000	0%
	PLL/DREAMS	$35,000,000	$35,000,000	0%
	PLL/KP	$6,800,000	$6,800,000	0%
	P/PREP	$4,833,191	$3,613,884	-25%
Budgets decreased	AS/Infrastructure	$2,110,566	$1,977,607	-6%
	P/Direct Services, NOS**	$156,856,747	$143,728,614	-8%
	Commodities, NOS**	$69,217,526	$62,953,677	-9%
	AS/Data quality	$1,151,353	$1,010,056	-12%
	AS/HIS	$5,312,307	$4,660,368	-12%
	AS/HSS	$2,555,540	$2,241,918	-12%
	AS/Lab	$7,141,366	$6,264,961	-12%
	AS/Surveillance	$1,916,976	$1,681,722	-12%
	P/DOD Programs, NOS**	$5,133,733	$4,503,709	-12%
	P/OVC	$13,500,000	$11,843,248	-12%
	P/TB	$9,024,999	$6,709,110	-26%
	PC Programs	$260,000		-100%
Ambition funds		$5,000,000		-100%
Grand Total		**$418,863,688**	**$401,000,000**	**-4%**

PLL directives incorporated

Preserved G2G budget rather than reverse sustainability course. Total MISAU budget increased 4% through contributions from other budget lines

Preserved PrEP budget by forward funding commodities using ambition funds

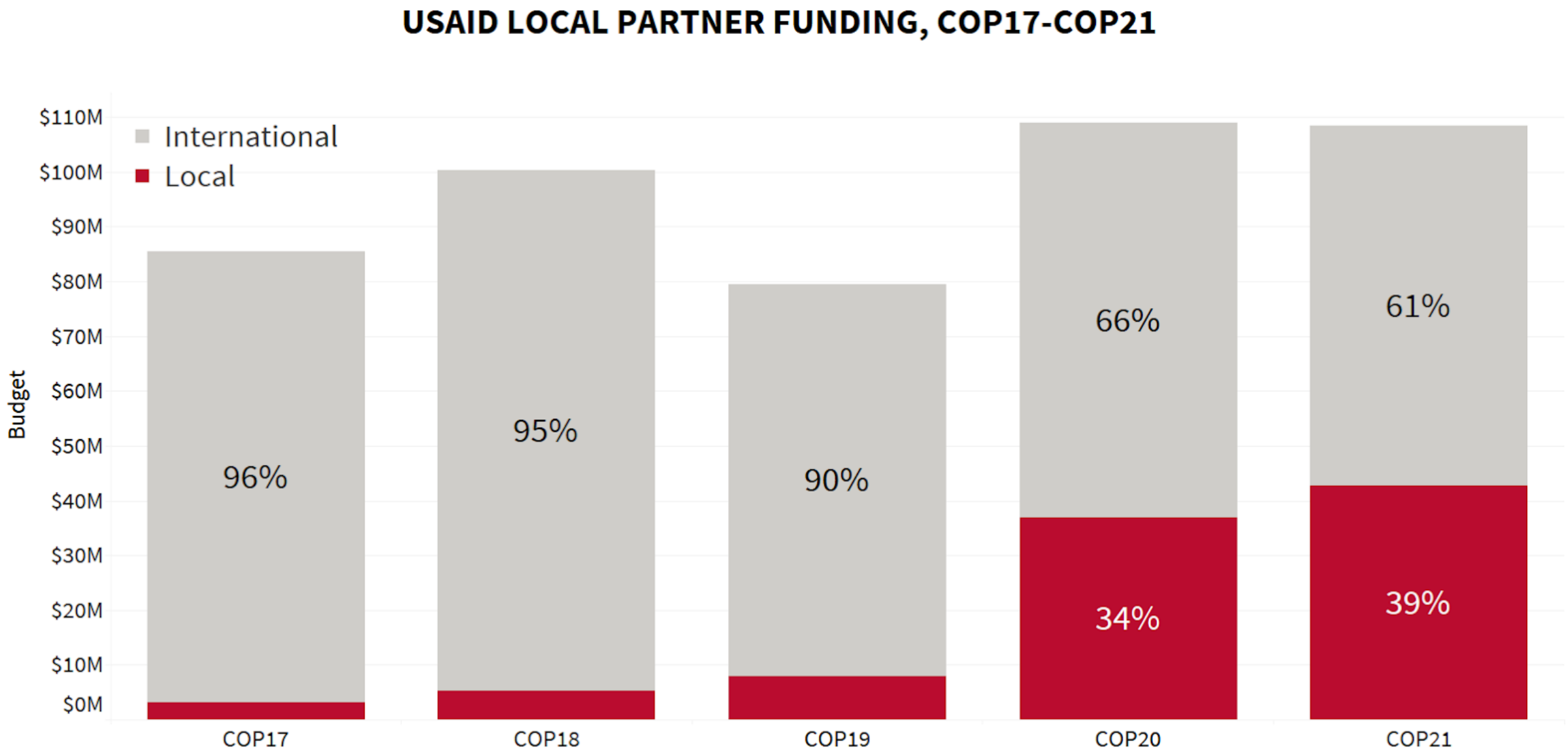
Reconsidered 24% cut in OVC funding allowed by PLL

Considered particularities, e.g. large one-time costs for TB in COP20

* Cost of doing business not shown

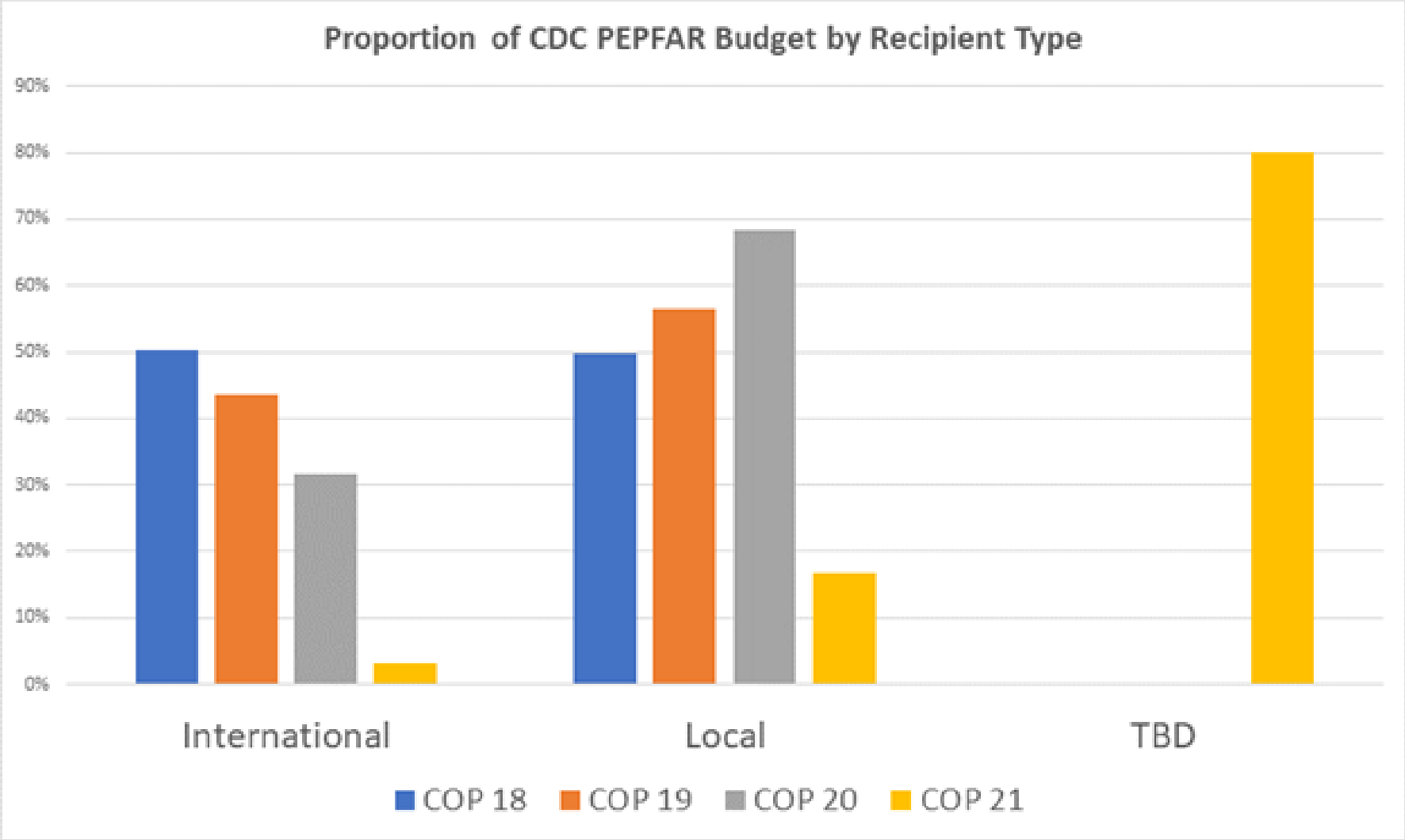
** Not otherwise specified. These budget buckets have overlap with others. A portion of the funds in this area are represented in another budget bucket

USAID Continues Trend of Increased Local Partner Funding



Excludes M&O and Commodities
COP FAST and Data Pack Data as of 4.14.2021

CDC TBDs Likely to Shift CDC Portfolio Towards Local



- CDC clinical partner TBDs make up a large proportion of COP21 budget
- Clinical partner Notice of Funding Opportunity (NOFO) has modest local partner preference
- Shift towards local in CDC portfolio likely

All Earmarks and Planning Level Letter Directives Met

Agency Funding Trends

Agency	COP20	COP21	% Change
DOD	$7,885,735	$8,311,951	5%
CDC	$188,225,653	$187,183,578	-1%
HRSA	$4,274,256	$3,364,539	-21%
PC	$3,092,221	$2,833,408	-8%
State	$2,921,716	$2,898,239	-1%
USAID	$207,464,107	$196,408,285	-5%
Ambition	$5,000,000		-100%
Total	**$418,863,688**	**$401,000,000**	**-4%**

	COP21 Earmarks
C&T	$275,029,406 - $270,000,000 = $5,029,406
OVC	$41,766,507 - $40,000,000 = $1,766,507
GBV	$3,876,783 - $3,200,000 = $676,783
AB/Y	$15,544,334 / $25,420,282 = 61.1%

PLL Directives

Directive	Total
Total Funding	$401,000,000 - $401,000,000 = $0
Core Program	$330,568,034 - $330,568,034 = $0
Community-Led Monitoring	$2,229,750 - $2,229,750 = $0
Cervical Cancer	$5,500,000 - $5,500,000 = $0
DREAMS	$35,000,000 - $35,000,000 = $0
GHP-USAID Central Condoms	$702,216 - $702,216 = $0
VMMC	$27,000,000 - $27,000,000 = $0

Acknowledgements

Estamos juntos...força!!

- **Ministry of Health**
- **CNCS**
- **Civil Society**
- **Global Fund & UNAIDS**
- **USG Team (Moz & HQ)**

Muito Obrigado!

Obrigada

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Annex

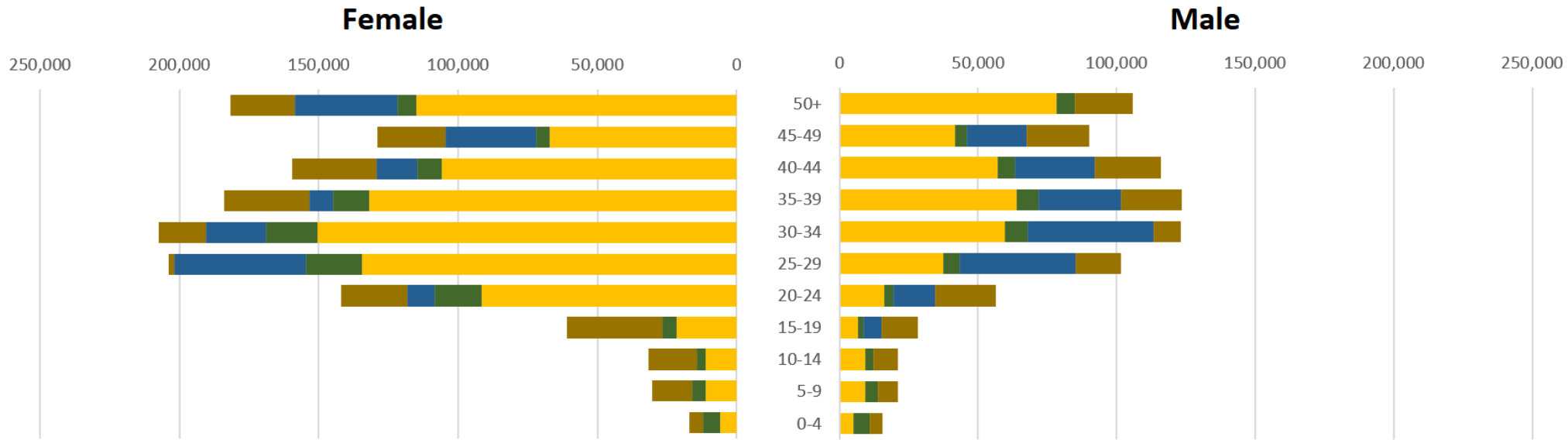
2021 Population Pyramids

Total Population

- HIV Negative
- Virally Suppressed
- On ART but not VLS
- Aware but not on ART
- HIV+ but not aware

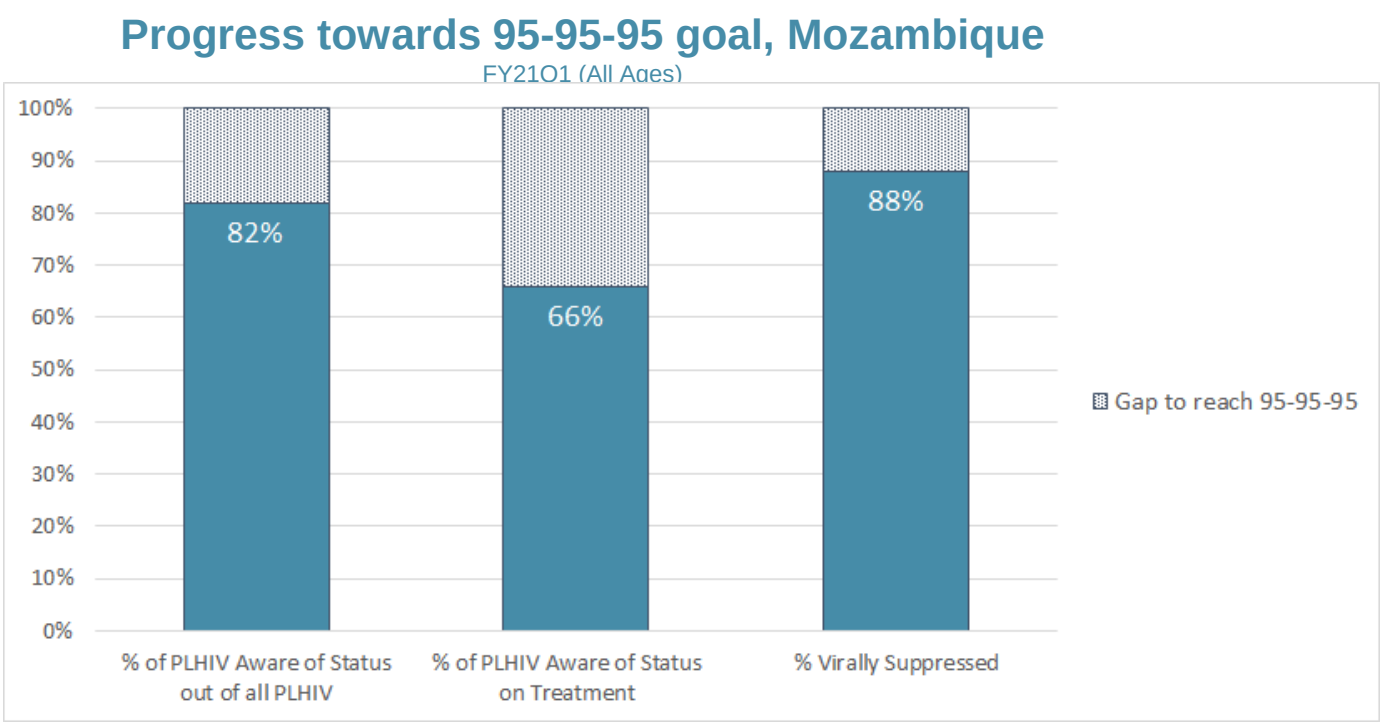
PLHIV

- Virally Suppressed
- On ART but not VLS
- Aware but not on ART
- HIV+ but not aware



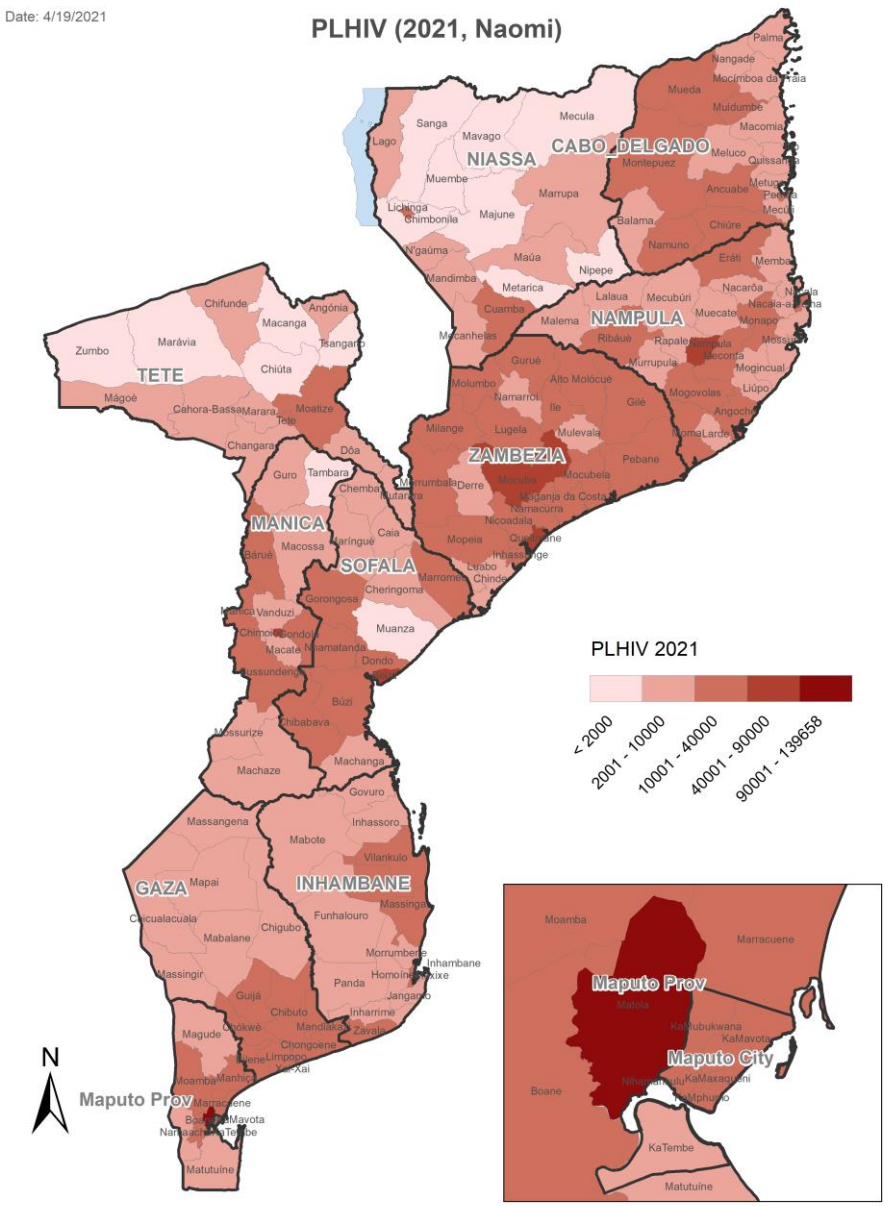
Spectrum and ART Coverage Estimates

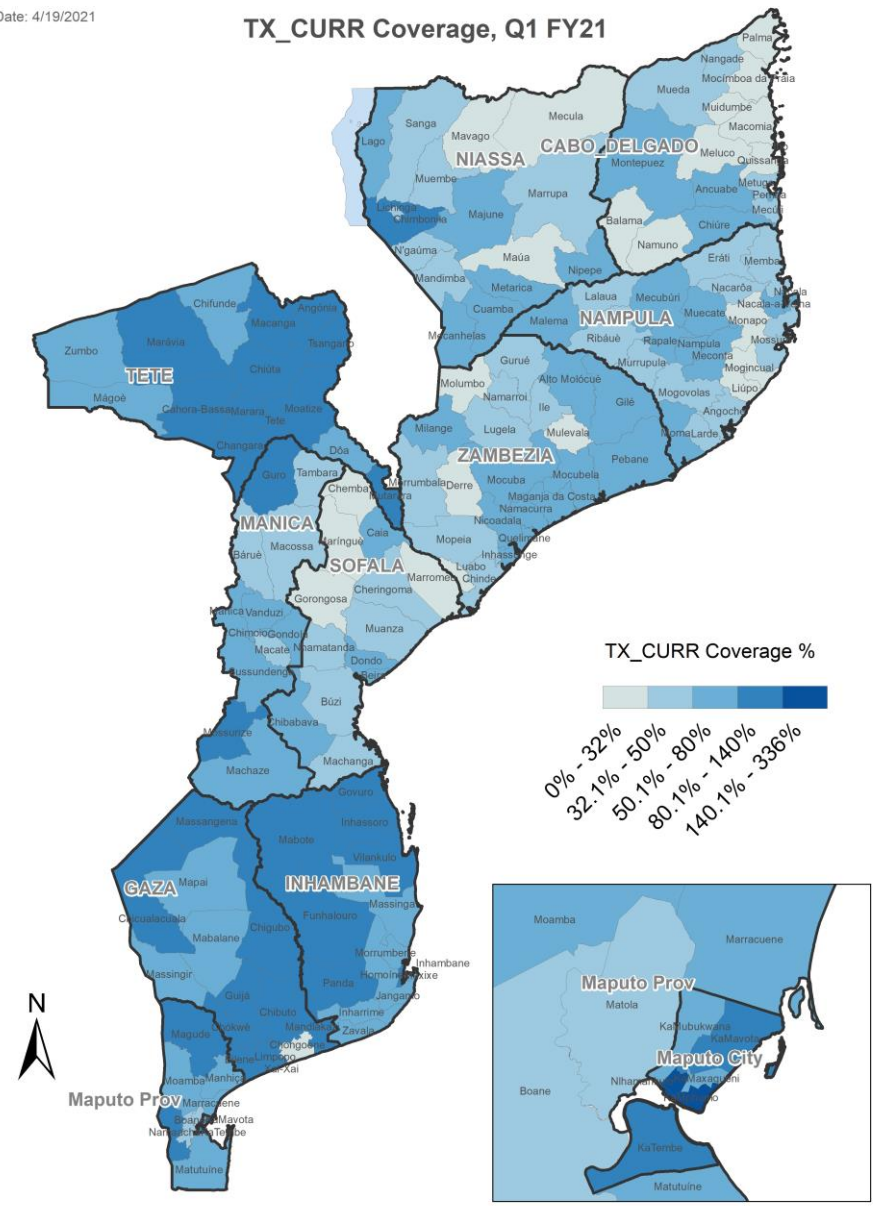
	<15		15-24		25+		Total
	Female	Male	Female	Male	Female	Male	
PLHIV	61,310	62,507	199,705	84,606	1,065,253	657,047	2,130,428
FY21 Q1 ART Coverage	70%	60%	69%	33%	73%	58%	66%
FY21 ART Coverage	80%	68%	92%	60%	79%	68%	76%
FY22 ART Coverage	88%	75%	112%	75%	89%	82%	87%



**Spectrum 2021 Estimates (to be finalized)*
***Q1 FY21 ART Coverage based on Q1 MER with coarse age distributed*
****FY21 ART Coverage based on expected TX_CURR results for September 2021*
*****FY22 ART Coverage based on targets to be reached under COP 21*

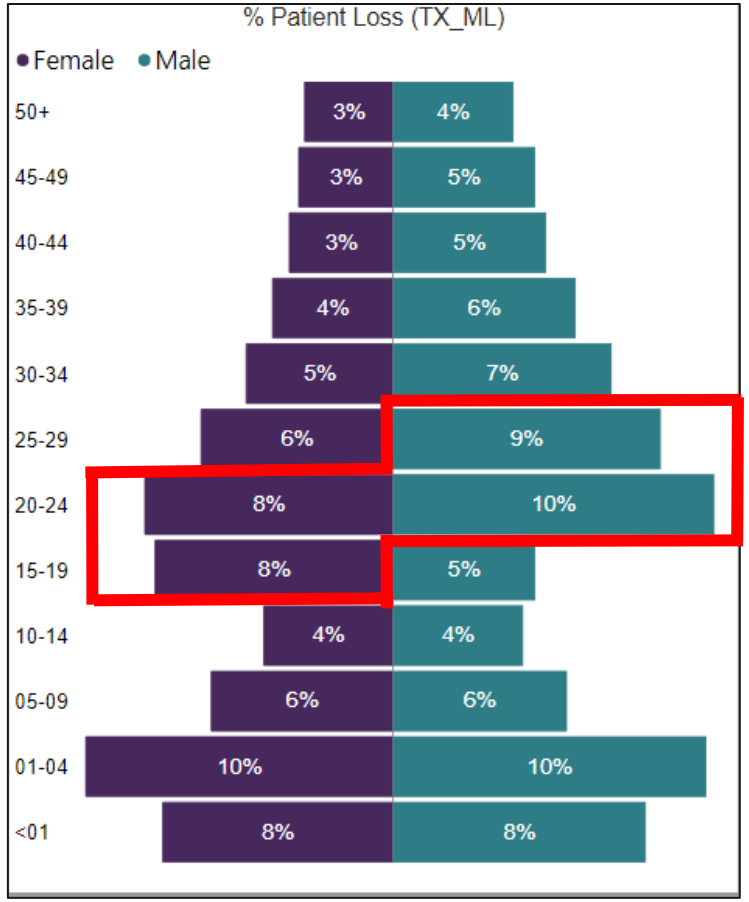
PLHIV Map – Disease Burden and ART Coverage



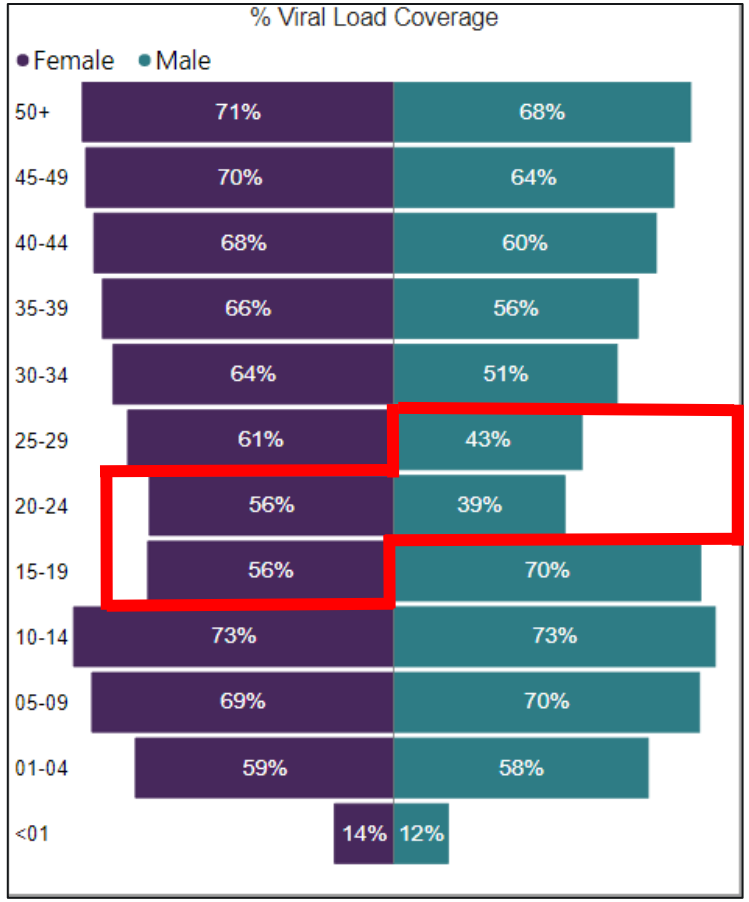


Poor Retention Among Young Men and Women Leads to Low Viral Load Coverage; Poor Adherence and Limited Drug Options Explain Lower Suppression Among Young

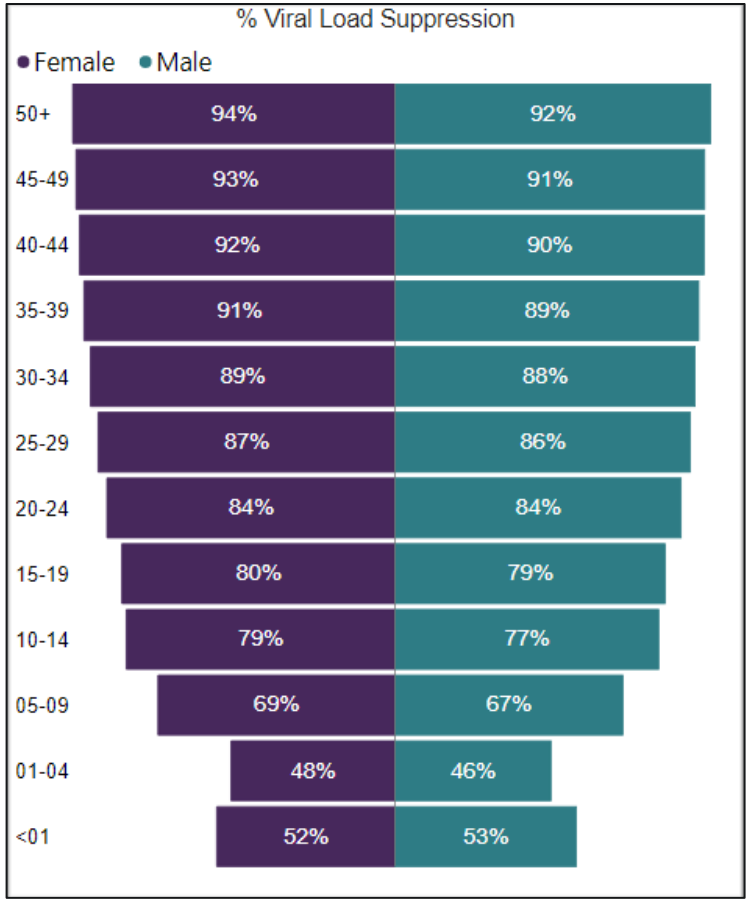
Patient Loss
(TX_ML excluding Transfer-Outs)



Viral Load Coverage

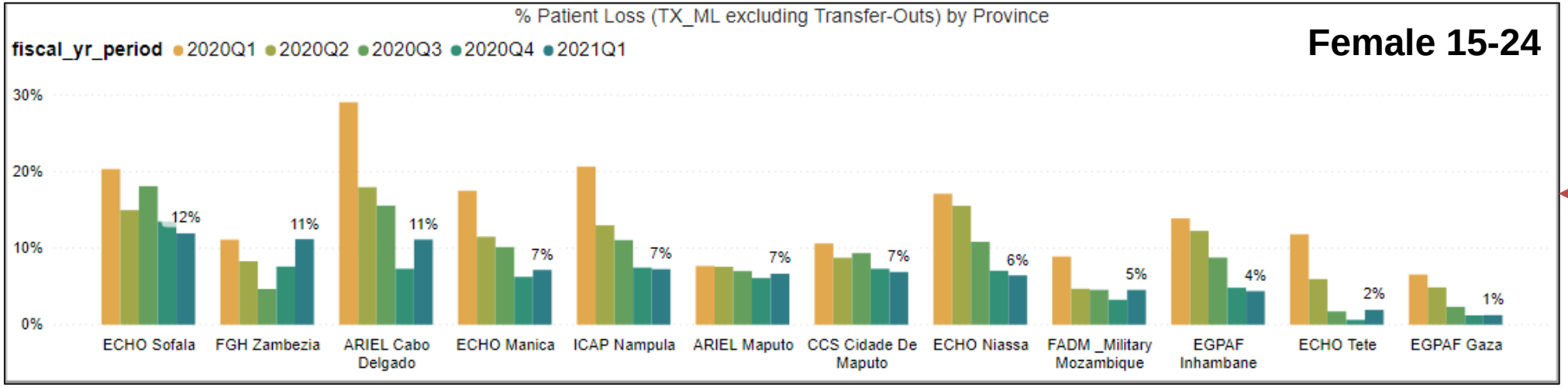


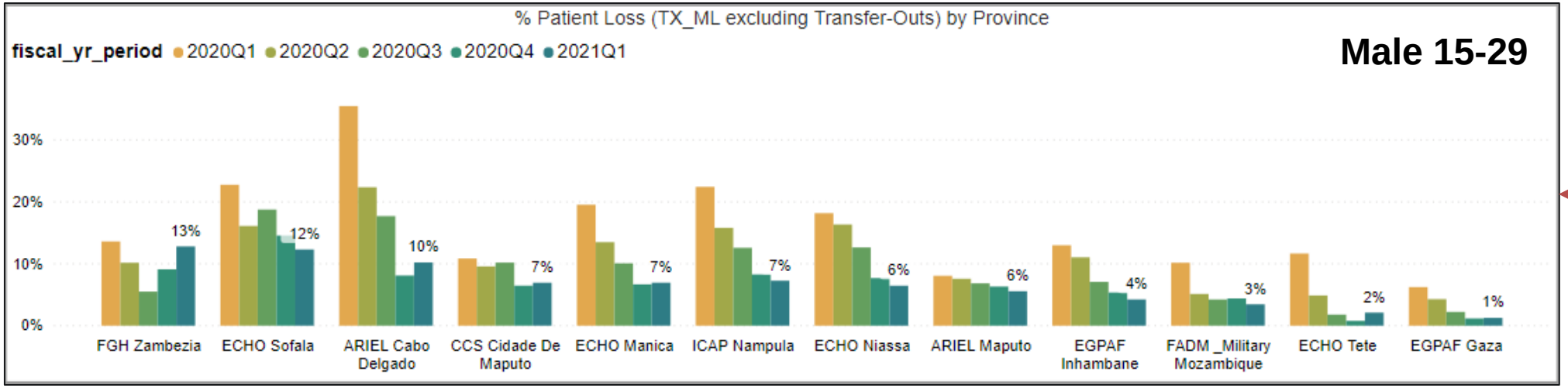
Viral Load Suppression



Source: PEPFAR MER (Q1, FY21)

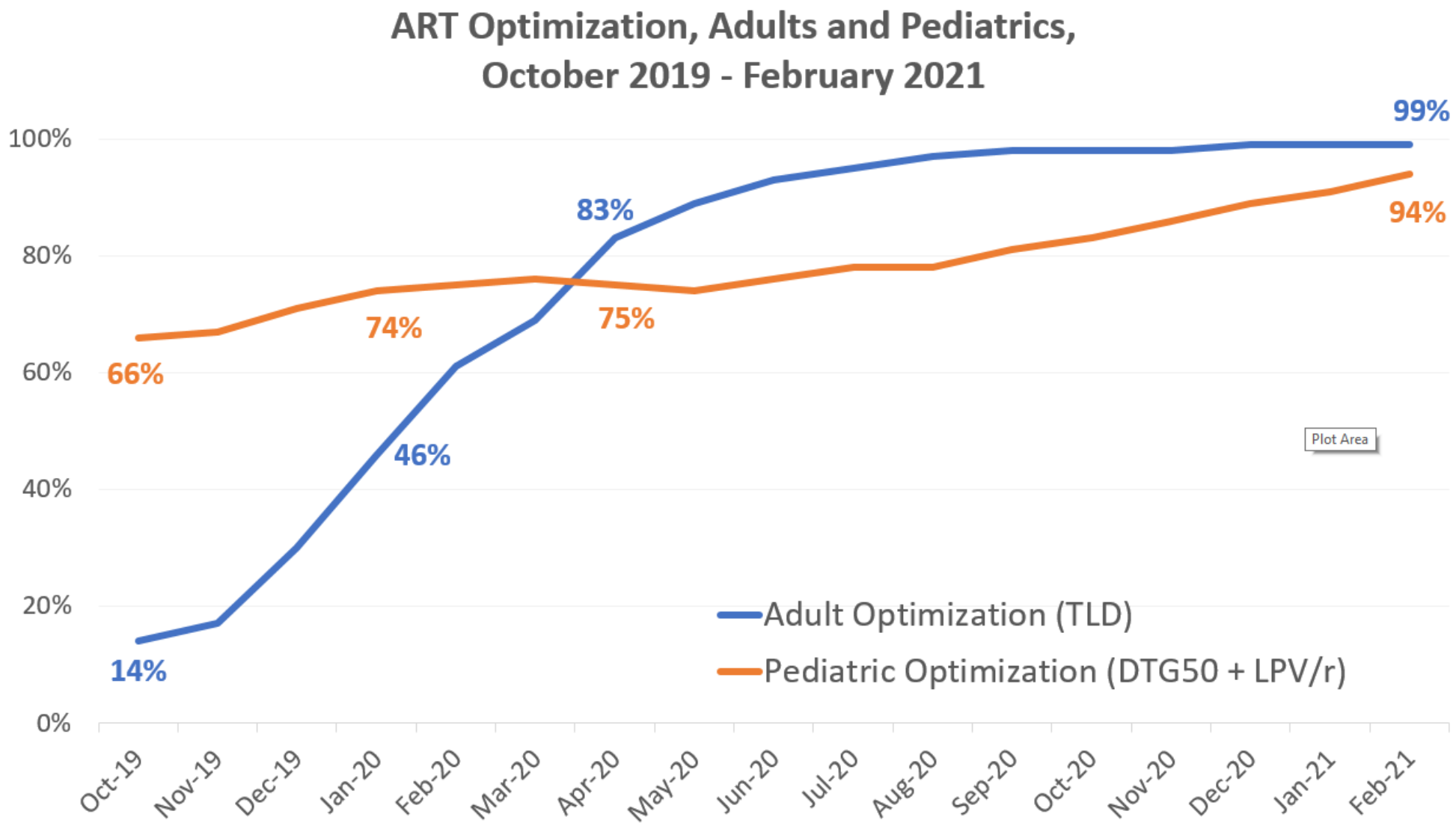
Provincial Variation in Treatment Interruption Rates Among Females 15-24 and Males 15-29





General improvement in LTFU across most provinces

ART Optimization Efforts Complete among Adults; Work Remains among Children



% ART Coverage by Age/Sex

Age/Sex	% ART Coverage (APR20)	% ART Coverage (APR21 Expected)	% ART Coverage (APR22 Target)
Female 01-04	69%	80%	94%
Female 05-09	73%	78%	84%
Female 10-14	61%	77%	96%
Female 15-19	64%	84%	103%
Female 20-24	74%	95%	115%
Female 25-29	71%	85%	99%
Female 30-34	76%	86%	96%
Female 35-39	75%	83%	91%
Female 40-44	70%	76%	83%
Female 45-49	58%	67%	76%
Female 50+	65%	73%	83%
Total	**70%**	**81%**	**93%**

Age/Sex	% ART Coverage (APR20)	% ART Coverage (APR21 Expected)	% ART Coverage (APR22 Target)
Male 01-04	65%	75%	87%
Male 05-09	62%	67%	73%
Male 10-14	50%	61%	75%
Male 15-19	51%	62%	72%
Male 20-24	40%	59%	76%
Male 25-29	42%	62%	81%
Male 30-34	51%	67%	82%
Male 35-39	54%	67%	80%
Male 40-44	51%	66%	80%
Male 45-49	50%	63%	76%
Male 50+	75%	84%	96%
Total	**53%**	**67%**	**81%**

COP21 TX_CURR targets in all age/sex bands achieve ART coverage ≥72%

- >100% coverage for Females 15-24 justified by continued high NET_NEW growth
- Cumulative Adult Male ART coverage increases from 53% to 81%

SID 2019 Summary

SID 2019 Elements	2017	2019	Change from 2017 to 2019
1. Planning and Coordination	8.62	7.83	
2. Policies and Governance*	7.36	8.30	
3. Civil Society Engagement	3.17	4.17	
4. Private Sector Engagement	1.21	4.47	
5. Public Access to Information	6.00	5.89	
6. Service Delivery*	5.83	5.28	
7. Human Resources for Health*	6.74	7.26	
8. Commodity Security and Supply Chain*	6.18	4.95	
9. Quality Management	6.76	8.76	
10. Laboratory*	2.83	3.92	
11. Domestic Resource Mobilization	5.24	5.14	
12. Technical and Allocative Efficiencies	0.89	3.56	
13. Market Openness**	N/A	8.56	N/A
14. Epidemiological and Health Data*	4.90	4.47	
15. Financial/Expenditure Data	7.50	5.83	
16. Performance Data	7.17	5.78	
17. Data for Decision-Making Ecosystem**	N/A	3.67	N/A

* New questions added to SID elements in 2019
** New SID elements in 2019

SID 2019

Element score changes (from 2017)

- Improvements: 7 elements
- Decreases: 8 elements

Considerations for above-site funding†

- Element 16, question 1: Based on the response in the SID, for HIV/AIDS service delivery data collection, multiple unharmonized or parallel information systems exist and they are managed and operated by various entities.

†Based on the element with the largest drop in score from 2017, and question with the largest impact on the score