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January 13th, 2021

INFORMATION MEMO FOR AMBASSADOR HEARNE, MOZAMBIQUE

FROM: S/GAC Chair, Jason Bowman and PPM, Eileen Wong

THROUGH: Ambassador Deborah L. Birx, MD

SUBJECT: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

Dear Ambassador Hearne,

I sincerely hope that this note finds you and your team well, safe, and healthy. We are grateful for your leadership protecting staff through this difficult time.

This year has brought unprecedented challenges with the COVID-19 pandemic impacting the entire global community. Despite obstacles faced, what has remained unwavering is the tireless commitment and incredible resiliency of our PEPFAR program, partners, and team across the over 50 countries in which we work. This includes rapid program adaptations, emerging innovations, and client-centered solutions to ensure continuity of HIV services. As the threat of COVID-19 has impacted PEPFAR countries, PEPFAR country teams and programs have proven to be focused and resilient in the face of dual pandemics of HIV and COVID-19.

PEPFAR implementation over the past year has shown tremendous effort to maintain clients on treatment, initiating and accelerating client centered service delivery adaptations, while doing what was possible in HIV prevention programs deeply affected by COVID-19 shutdowns. The following themes have emerged across all of PEPFAR-supported countries; As the economic impact of COVID continues to be seen at both national and community levels, it is more important than ever to use granular data and expand what is working in specific SNU's for viral load coverage and suppression. We saw differential progress in this area independent of the impact of COVID19. Focus groups and deep analytics of client returning to care to ensure we are addressing the critical persistent and new structural barriers. Focus on areas of recent treatment interruption to understand how COVID may have created or exacerbated barriers to access and treatment continuity. Across all countries we see persistent gaps in pediatric diagnosis, treatment and viral suppression. Particular attention should be paid to the pediatric cascade and identifying challenges by district and country for clear and actionable plans. In addition, leverage OVC, DREAMS and other resources for clear accountability to work with mothers and improve early infant diagnosis by two months of age and strengthen resiliency among at-risk women and girls. Community-led monitoring must raise visibility and appropriate response to the needs of populations already vulnerable before COVID. The assessment of needs, and strategies to reinforce OVC caregivers and HIV-affected families in crisis should contribute to budget and activity planning for care and treatment, DREAMS, OVC and wraparound resources. Furthermore, analyzing expenditures at mechanism and program areas level, along with the work teams have done, to build relationships and co-planning with your partner government, the Global Fund, UN organizations and other donors. These relationships and planning efforts are critical to supply chain stability for key commodities as well as understanding COVID relief and other potential funding available in country to ensure most effective and efficient use of PEPFAR's contributions to the national HIV response in COP21.

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We understand that specific programs will have carryover and others may not and these funds will be critical to ensure stabilization and expansion of critical prevention programming.

The COVID pandemic also laid bare the depth and breadth of inequities still across the globe and clear evidence that when constrained, Ministries of Health and governments make choices that differentially impact specific programming areas and specific populations. The pandemic revealed vulnerabilities in our non-public sector community efforts that we knew were present, and are now fully exposed, as these specific activities were the first to be dropped. Communities of women and children, and key populations including men who have sex with men, transgender individuals, sex workers, people who inject drugs, and people in prisons and other closed settings are not being adequately and sustainably supported by public-sector mechanisms. We have lost ground in all of our prevention services for all populations and for our most vulnerable and marginalized populations and must make every effort to recover.

Despite the disruptions caused by the COVID-19 pandemic, a number of countries have shown a level of resiliency were achieving epidemic control of HIV, and others are on the brink of epidemic control. With continued implementation, 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 Country Operational Plan 2021 planning and implementation: advancing client-centered services; engaging with communities; implementing resilient and adaptive approaches; and supporting capacities for sustainable epidemic control.

We commend you and your team for your attention to the adoption and implementation of the public health policies that have the greatest impact on HIV, particularly as these very policies are critical to ensuring sustained HIV services during COVID-19. Also, we appreciate your role in supporting PEPFAR teams through this challenging period, and continuing to hold implementing partners accountable for their performance.

We are grateful to your incredible PEPFAR team in country, working together across agencies to ensure the most effective and efficient use of U.S. taxpayer dollars. We know there are strengths and weaknesses across the board and across the implementing agencies; and we look forward to working together to support those strengths and address those challenges.

We are very excited about your progress in:

- Rapidly transitioning clients to TLD and scaling-up three multi-month dispensation (MMD),
- Growing the treatment cohort and improving viral load suppression rates despite COVID-19 challenges, and
- Expanding cervical cancer screening programs, surpassing targets for COP19.

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

As you will see in COP guidance this year, there are no substantial changes in program direction. While assessing possible deficits in programming arising from COVID-19 our fundamental challenges continue and we again highlight 5 overarching issues we see across PEPFAR.

1. Continued new HIV infections in adolescents and young women
2. Supporting key populations with prevention and treatment services

3. Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate))
4. Ensuring 15-35-year-old asymptomatic clients are maintained on treatment and virally suppressed [net new on treatment and treatment current growth, (retention surrogate)]
5. Ensuring all children are diagnosed and are on the best treatment regimens and virally suppressed

Moreover, we note the following specific key challenges in PEPFAR Mozambique:

- Improving efficiency of case-finding approaches by scaling index testing in adults and children,
- Expanding measures to improve continuity of treatment, such as six MMD, community ART delivery, expanded clinic hours, psychosocial support, and stigma reduction, and
- Strengthening the national laboratory network to increase viral load coverage and working to improve viral load suppression, especially in PBFW, children, and adolescents.

A fuller set of details, including funding earmarks and specific program direction are included in the accompanying COP/ROP 21 PEPFAR Planned Allocation and Strategic Direction Summary.

Consistent with the approach from last year, PEPFAR teams will once again be responsible for setting their targets 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. Since 2016 PEPFAR and the Global Fund resources have been focused on achieving these global goals that have been translated to each country by UNAIDS and subsequently supported financially and technically by the PEPFAR family. Since 2016, PEPFAR has utilized these global commitment targets as PEPFAR targets with the commensurate increased funding to countries to achieve the goals set out by the Heads of State. Many countries have made tremendous progress towards these targets and others need to accelerate. Mozambique has not yet achieved the 2020 goals and is not on track to achieve the 2030 goals early, which means PEPFAR must continue to grow the treatment cohort through effective case-finding while also ensuring the existing cohort is maintained through client-centered services.

S/GAC will not assign targets to countries, but only provide notional budget levels sufficient to achieve the full SDG goal and sustain gains made. **Teams will develop their own targets across PEPFAR program areas, with the treatment current target no less than the result that was to be achieved in COP 2020.** After the PEPFAR country team submits their COP 21 targets, the notional budget will then be adjusted to the presented level of ambition.

The PEPFAR Country/Regional Operational Plan (COP/ROP 2021) notional budget for Mozambique is **\$401,000,000** inclusive of all new funding accounts and applied pipeline. All earmarks and program direction provided below must be met. Targets and the subsequent approved budget should reflect the level of ambition the PEPFAR team, in collaboration with the Government of Mozambique and civil society of Mozambique, believes is critical for the country's progress towards controlling the pandemic and maintaining control.

We are hoping this approach to target-setting and budget will establish an open dialogue on target-setting and empower teams to work with all stakeholders to plan a strategic and impactful COP. The expectation is for country teams and agencies to propose to S/GAC the targets they believe are achievable and feasible and hold their partner's accountable to that achievement.

PEPFAR, with partner governments, multilateral partners, and communities, continues to move rapidly toward control of the HIV pandemic and plan for sustainability of programs. Achieving epidemic control for HIV will be a remarkable accomplishment, saving millions of lives, significantly lowering the burden of HIV/AIDS in countries and communities, reducing the future costs required to sustain the HIV response, and building sustainable public health systems capacity in host countries.

Please note that within the next few days our PEPFAR Chairs and PEPFAR Program Managers (PPMs), working closely with our CAST teams, will plan to review this planning letter and details contained herein, with your wider PEPFAR country team. Where PEPFAR successfully navigated disruption due to COVID-19 during 2020, it was a result of strong teams, local partners, communities, dedicated health and community workers, leveraging longstanding capacities and platforms established by PEPFAR. Our teams, partners, and communities worked together to adapt and further innovate program implementation and models of service delivery so that the adverse impacts of a dual pandemic threat on essential HIV services were mitigated. Stakeholder engagement is essential for a productive and impactful 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 2021 COP planning and approval process.

I am so grateful to you and your entire team for your leadership and engagement in the planning, review and implementation of the President's Emergency Plan for AIDS Relief (PEPFAR) program, along with the community and Government to enhance PEPFAR's program impact.

Sincerely,

Deborah Birx

Attachment: **Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction Summary.**

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

Overview: Fiscal Year (FY) 2021 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTs, the agency self-assessments and from Headquarters Country Accountability and Support Teams (CAST), 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) 2019 and current COP 2020 implementation as we plan for COP 2021. We have noted the following key successes and challenges:

Successes:

1. Rapid TLD transition for adults, with nearly 95% of adults and adolescents on TLD-based regimens in Q4 FY 2020. Mozambique also rapidly scaled 3 multi-month dispensation (MMD), reaching 77% of adults and 59% of children. S/GAC looks forward to continued expansion of 6 MMD from existing sites and eligible populations in the current fiscal year.
2. Improved continuity of treatment, resulting in a net increase of 194,773 ART clients to the treatment cohort from Q4 FY 2019. Viral load suppression (VLS) also improved, with 86% of clients who received a VL test being suppressed at the end of Q4 FY 2020.
3. Rapid expansion of cervical cancer screening programs that reached 117,516 women living with HIV, 104% of the COP19 target, by the end of Q4 FY 2020.
4. Rapid scale up of pre-exposure prophylaxis (PrEP) which surpassed targets for FY 2020, and positions Mozambique for rapid expansion of PrEP across geographies and populations in the current fiscal year.
5. Continued high enrollment of children into OVC programs, surpassing OVC_SERV targets. Ensured 88% of OVC know their HIV status, with 99% of HIV-positive OVC on ART.
6. Supply chain improvements in 5 provinces have allowed consistently correct commodity deliveries to 96% of health facilities according to distribution plan in a timely manner.

Challenges:

1. Continued need to improve case-finding efficiency by scaling index testing in adults and children. Index testing volumes increased in FY 2020, especially among men and children, despite COVID-19 community activity suspensions, but there are significant gaps between the number of index cases and the number of individuals offered index testing services. PEPFAR needs to ensure that all AJUDA sites are delivering safe and ethical index testing services.
2. Interruption of treatment remains high and Mozambique should continue to expand client-centered services, such as 6 MMD, community ART delivery, expanded clinic hours, psychosocial support, and stigma reduction. Many of these programs were being prepared for implementation in FY 2020 and 2021 and we look forward to the rapid and efficient launch of interventions to prevent treatment interruption.
3. Viral load coverage (VLC) was only 60% at the end of Q4 FY 2020, well below the 90% target. PEPFAR must continue to increase VLC across all age/sex groups and provinces, particularly in the northern regions. VLS, while improved from the previous year, needs continued focus, especially in PBFW, children, and adolescents, which continue to have lower suppression rates than the general adult populations.
4. Although completion of the primary package has improved in FY 2020, completion rates for DREAMS beneficiaries overall are still far too low, especially within the 15-19 year old age band. PEPFAR must identify and resolve issues with program completion, and support community and clinical IP collaborations within existing districts while also expanding into 23 new districts and 3 new provinces.

5. TB treatment for PLHIV continues to be a challenge in Mozambique, with persistently low documented TB testing and low rates of bacteriological confirmation. Initiation and completion of TB preventive therapy (TPT) for adults and children are also below target, with only a 64% overall TPT completion rate at the end of Q4 FY 2020.
6. Pediatric treatment is not fully optimized with significant proportions of children still taking nevirapine-based regimens. PEPFAR must work rapidly to transition children to LPVr and DTG-based regimens.

As Mozambique has not reached the UNAIDS 90-90-90 goals, PEPFAR should continue to accelerate progress toward epidemic control by focusing and refining strategies launched in COP 19 and COP 20 to close remaining geographic and demographic treatment gaps. This includes identifying PLHIV and initiating them on treatment, tailoring treatment programs to meet client’s needs and minimizing treatment interruption, and expanding effective interventions to prevent new infections. PEPFAR should target resources to address the largest known gaps until PHIA results allow for greater precision.

SECTION 1: COP/ROP 2021 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2020 (EOFY) tool, and performance data, the total COP/ROP 2021 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency. Due to increased costs in FY 2020, including those due to COVID, and correspondingly lower applied pipeline going into COP21, COP envelopes have been decreased in some OUs so that S/GAC has funds reserved to address program gaps identified by PHIA’s that have yet to be completed and to address other potential future requirements as the impacts of COVID on the program are better known. These funds will be allocated to OUs at a later date as appropriate.

TABLE 1: All COP 2021 Funding by Appropriation Year

	Bilateral				Central				Total
	FY21	FY20	FY19	Unspecified	FY21	FY20	FY19	Unspecified	
Total New Funding	\$ 391,084,772	\$ -	\$ -	\$ -	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 392,084,772
GHP-State	\$ 388,009,772	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 388,009,772
GHP-USAID	\$ -				\$ 1,000,000				\$ 1,000,000
GAP	\$ 3,075,000				\$ -				\$ 3,075,000
Total Applied Pipeline	\$ -	\$ -	\$ -	\$ 8,915,228	\$ -	\$ -	\$ -	\$ -	\$ 8,915,228
DOD				\$ 1,390,245				\$ -	\$ 1,390,245
HHS/CDC				\$ -				\$ -	\$ -
HHS/HRSA				\$ -				\$ -	\$ -
PC				\$ 3,578,004				\$ -	\$ 3,578,004
USAID				\$ 2,274,121				\$ -	\$ 2,274,121
USAID/WCF				\$ -				\$ -	\$ -
State				\$ -				\$ -	\$ -
State/AF				\$ 1,672,858				\$ -	\$ 1,672,858
State/EAP				\$ -				\$ -	\$ -
State/EUR				\$ -				\$ -	\$ -
State/PRM				\$ -				\$ -	\$ -
State/SCA				\$ -				\$ -	\$ -
State/SGAC				\$ -				\$ -	\$ -
State/WHA				\$ -				\$ -	\$ -
TOTAL FUNDING	\$ 391,084,772	\$ -	\$ -	\$ 8,915,228	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 401,000,000

SECTION 2: COP 2021 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of \$270,000,000 and the full Orphans and Vulnerable Children (OVC) level of \$40,000,000 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 2021 Earmarks by Appropriation Year*

	Appropriation Year			
	FY21	FY20	FY19	TOTAL
C&T	\$ 270,000,000	\$ -	\$ -	\$ 270,000,000
OVC	\$ 40,000,000	\$ -	\$ -	\$ 40,000,000
GBV	\$ 3,200,000	\$ -	\$ -	\$ 3,200,000
Water	\$ 866,320	\$ -	\$ -	\$ 866,320

**Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks. **Only GHP-State will count towards the GBV and Water earmarks.*

TABLE 3: COP 2021 Initiative Controls

	Bilateral	Central	TOTAL
Total Funding	\$ 400,000,000	\$ 1,000,000	\$ 401,000,000
Core Program	\$ 328,000,000	\$ -	\$ 328,000,000
Cervical Cancer	\$ 5,500,000	\$ -	\$ 5,500,000
Community-Led Monitoring	\$ -	\$ -	\$ -
Condoms (GHP-USAID Central Funding)	\$ -	\$ 1,000,000	\$ 1,000,000
DREAMS	\$ 35,000,000	\$ -	\$ 35,000,000
HBCU Tx	\$ -	\$ -	\$ -
One-time Conditional Funding	\$ -	\$ -	\$ -
Surveillance and Public Health Response	\$ -	\$ -	\$ -
VMMC	\$ 31,500,000	\$ -	\$ 31,500,000

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

TABLE 4: State ICASS Funding

	Appropriation Year			
	FY21	FY20	FY19	Unspecified
ICASS	\$ 132,742	\$ -	\$ -	

SECTION 3: PAST PERFORMANCE – COP/ROP 2019 Review

Table 5. COP/ROP OU Level FY20 Program Results (COP19) against FY21 Targets (COP20)

Indicator	FY20 result (COP19)	FY21 target (COP20)
TX Current <15	77,925	123,184
TX Current >15	1,276,236	1,727,282
VMMC >15	101,190	131,547
DREAMS (AGYW PREV)	58,892	N/A
Cervical Cancer Screening	218,534	273,712
TB Preventive Therapy	146,292	1,298,973

Table 6. COP/ROP 2019 | FY 2020 Agency-level Outlays versus Approved Budget

Agency	Sum of Approved COP/ROP 2019 Planning Level	Sum of Total FY 2020 Outlays	Sum of Over/Under Outlays
DOD	8,413,786	8,447,764	-33,978
HHS/CDC	151,904,898	140,283,115	11,621,783
HHS/HRSA	2,450,000	2,496,693	-46,693
PC	3,221,063	1,755,403	1,465,660
State	2,799,028	1,642,385	1,156,643
USAID	161,160,094	151,253,195	9,906,899
Grand Total	329,948,869	305,878,555	24,070,314

These figures include only bilateral figures at present.

Table 7. COP/ROP 2019 | FY 2020 Implementing Partner-level Significant Over-Outlays versus Approved Budget

The following IMs outlayed at least 110 percent in excess of their COP/ROP19 approved level.

Mechanism ID	Partner Name	Funding Agency	Total Planning Level	Total Outlays	Outlay Delta	Check
18104	Management Systems International, Inc.	USAID	\$814,751	\$1,104,715		(\$289,964)
13022	Family Health International	USAID	\$600,000	\$822,946		(\$222,946)
70213	CONSELHO NACIONAL DE COMBATE AO HIV E SIDA	USAID	\$690,000	\$860,126		(\$170,126)
18367	RIGHT TO CARE	USAID	\$92,743	\$185,486		(\$92,743)
16052	Regents of the University of California, San Francisco, The	HHS/CDC	\$554,455	\$633,798		(\$79,343)
12665	Direccao Provincial de Saude de Cabo Delgado	HHS/CDC	\$449,131	\$500,000		(\$50,869)
16802	PROVINCIAL HEALTH DIRECTORATE INHAMBANE	HHS/CDC	\$163,376	\$211,607		(\$48,231)

These figures include only bilateral figures at present.

Table 8. COP/ROP 2019 | FY 2020 Results & Expenditures

Agency	Indicator	FY20 Target	FY20 Result	% Achievement	Program Classification	FY20 Expenditure	% Service Delivery
HHS/ CDC	HTS_TST	5,902,328	5,265,144	89%	HTS Program Area	\$11,399,226	70%
	HTS_TST_POS	534,309	222,420	42%			
	TX_NEW	523,524	217,255	41%	C&T Program Area	\$52,754,495	36%
	TX_CURR	1,468,185	1,087,824	74%			
	VMMC_CIRC	281,105	120,464	43%	VMMC Sub-Program Area	\$15,121,699	71%
DOD	HTS_TST	92,712	49,245	53%	HTS Program Area	\$240,785	100%
	HTS_TST_POS	5,746	5,350	93%			
	TX_NEW	5,781	5,032	87%	C&T Program Area	\$3,961,458	100%
	TX_CURR	20,039	20,328	101%			
	VMMC_CIRC	37124	21,229	57%	VMMC Sub-Program Area	\$3,046,631	100%
USAID	HTS_TST	1,505,782	1,072,259	71%	HTS Program Area	\$7,859,781	98%
	HTS_TST_POS	148,809	63,058	42%			
	TX_NEW	131,061	50,021	38%	C&T Program Area	\$79,863,680	94%
	TX_CURR	343,009	246,256	72%			
	VMMC_CIRC	86,779	49,202	57%	VMMC Sub-Program Area	\$7,733,533	95%
	OVC_SERV	417,130	426,756	102%	OVC Beneficiary	\$10,340,404	77%
	Above Site Programs						\$16,245,116
Program Management						\$54,854,996	

COP/ROP 2019 | FY 2020 Analysis of Performance

We commend Mozambique for a number of achievements during FY 2020. Even in the face of the significant challenges from COVID-19 and associated restrictions, PEPFAR Mozambique adapted programs to continue or quickly resume implementation. Notably, PEPFAR, in close collaboration with the Government of Mozambique, rapidly transitioned adults and adolescents to optimized TLD regimens and increased the availability of 3 MMD for adults and children. These changes, along with other programmatic efforts, contributed to growing the treatment cohort by nearly 200,000 clients, increased continuity of treatment, and improved VLS to 86% in Q4. Mozambique was also the only program in FY 2020 to meet or exceed their cervical cancer screening targets in women living with HIV. Mozambique has worked hard to execute their prevention program despite COVID-19 community gathering restrictions, pivoting their VMMC program for successful resumption at the end of FY 20 and expanding PrEP distribution. Due to many improvements over the past years, Mozambique's supply chain has also been steady despite initial challenges due to COVID-19.

While Mozambique has made many key improvements in their program to provide quality, client-centered care, Mozambique continues to be challenged by critical issues in case finding, treatment continuity, and viral load monitoring. The majority of PLHIV were identified through provider-initiated testing and counseling (PITC) and at emergency wards. Index testing and self-testing needs to be expanded, with best practices from high performing sites and partners taken to scale. While Mozambique increased the treatment cohort by almost 200,000 clients, treatment growth was lower than the number of new initiates and those returned to services. Scaling client-centered measures that improve continuity of treatment is critical. Treatment interruption for children is also high and requires expansion of youth-friendly interventions, cessation of all NVP-based regimens and introduction of DTG10. VLC and VLS also need to be improved across all age groups, especially for PBFW, children, and adolescents. As community activities resume following COVID-19 suspensions, serving AGYW with effective programming and services through DREAMS will be critical, especially as the DREAMS programs expand in FY 2021. Finally, Mozambique has faced incredible challenges this past year; beyond the COVID-19 pandemic, a surge in violence in Cabo Delgado and unrest in Sofala and Manica has resulted in health facility closures and internally displaced persons (IDP). Addressing the needs of IDP and clients in conflict settings will need to continue into FY 2021.

Care and Treatment

Improvements have been made this past year to ensure patients continue ART, especially within the first three months following initiation, and the TX_NET_NEW for FY 2020 is the highest since FY 2017. However, many patients are still falling out of treatment each quarter and only ~ 60% of the estimated PLHIV are on treatment. NET_NEW trails new initiates (TX_NET_NEW < TX_NEW), even with significant return to treatment efforts. Continuity of treatment is higher among older men and women, however, continuity for those under 40 years old continues to be problematic across all provinces. While most provinces were successful at increasing the size of the treatment cohort, Cabo Delgado suffered net losses during the fiscal year due to ongoing conflict.

- Mozambique has greatly improved their linkage to treatment, achieving 94% across all populations, especially improving among males <15. Maputo City had the lowest linkage for 15+ adults at 90%.
- VLC for PLHIV has remained stagnant from last year, however VLS has improved to 86% in FY 2020. Maputo and Maputo City achieved 90% VLS at the end of FY 2020, and DoD reached 89% VLS. All partners and provinces urgently need to improve their viral load coverage.
- While VLS has improved in children, especially in those 10-19 years old, VLC is still very low across children and adolescents.

Partner Performance:

- All partners, except for JHPIEGO/DOD and MOH, failed to reach treatment targets in FY 2020, with achievements towards TX_NEW from the large clinical IPs ranging from 19-63%. Most partners initiated fewer PLHIV on treatment in FY 2020 than was achieved in FY 2019, even though targets were universally higher. NET_NEW increased by nearly 300% between FY 2019 and FY 2020, demonstrating significant progress to maintain continuity of treatment and return clients to care. Many partners expended less than planned for care and treatment and PEPFAR Mozambique should work with partners to ensure planned budgets align with programmatic needs and are executed to expand the treatment cohort.
- JHPIEGO, funded by DoD, surpassed TX_CURR targets and improved VLS. Efforts should focus on ensuring 95% linkage and addressing barriers that result in interruption in treatment or unsuppressed viral load. JHPIEGO expended 105% of their FY 2020 C&T budget and 108% of their total budget. DOD should work with JHPIEGO to ensure expenditures are within FY 2021 budget allocation.
- EGPAF, funded by CDC, had a large net loss of patients in Q1, in part due to site transitions, but recovered during other quarters of FY 2020. Overall ratio of NET_NEW to TX_NEW was high for Q2-Q4 and EGPAF should focus on improving case identification and return to treatment efforts while refining client-centered services to close remaining gaps to prevent treatment interruption. Viral load suppression improved from 80% the previous year to 87% in FY 2020. EGPAF expended 73% of their FY 2020 C&T budget and 86% of their total budget.
- CCS, funded by CDC, did not achieve treatment targets and continued to struggle with maintaining patients on treatment (TX_NEW > TX_NET_NEW). Some improvement in the ratio of NET_NEW:TX_NEW is noted for Q4 and CDC should closely monitor to ensure trend continues. VLS improved to 90% of ART clients. CCS expended 69% of their FY2020 C&T budget and 95% of their total budget.
- ICAP, funded by CDC, had a large net loss of patients in Q1, in part due to site movement, but regained those losses during following quarters of FY 2020. ICAP had the strongest performance of the large clinical IPs against the TX_NEW target (31,953 or 63% of target), but this was significantly less than the 44,581 identified in FY 2019. By Q4, TX_NEW and TX_NET_NEW were closely aligned, indicated improvements over the fiscal year to maintain continuity of treatment. While VLS improved from 71% in FY 2019 to 79% in FY 2020, improvements in VLS are still needed. ICAP expended 125% of their FY2020 C&T budget and 98% of their total budget.
- ARIEL, funded by CDC, faced many challenges during FY 2020 due to conflict in Cabo Delgado, health facility closures, and movement of patients. As expected, their TX_CURR and TX_NET_NEW are lower than targeted. ARIEL's TX_NEW was also much lower than targeted, but linkage rates exceeded 100% and VLS improved to 89%. ARIEL expended 79% of their FY2020 C&T budget and 98% of their total budget.
- FGH, funded by CDC, had a strong first 3 quarters in FY 2020 for TX_NET_NEW, but reported a large drop in Q4 and PEPFAR Mozambique should monitor closely and deploy technical assistance if warranted. VLS improved from 76% last year to 83% in FY 2020, improvements in VLS are still needed. FGH initiated fewer PLHIV on treatment in FY 2020 than in FY 2019. FGH expended 107% of their C&T budget and 95% of their total budget.
- ECHO, funded by USAID, had their first full year of implementation in FY 2020 and had steady initiations and treatment continuity throughout the year. Reaching COP 20 targets will require rapid scaling of case-finding and return to treatment efforts. VLS requires improvement, with 82% VLS. ECHO expended 61% of their FY2020 C&T budget and 100% of their total budget.

Case Finding

- Mozambique identified 290,581 PLHIV in FY 2020, 42% of the annual target. The majority, over 50%, of clients were identified through either PITC or in emergency wards. Overall testing volume decreased in FY 2020, but positive case finding also decreased, with low overall testing yields of 4.55%. Rapid implementation of risk-screening tools is warranted.
- Index testing: Mozambique improved the overall index testing program during FY 2020. Proxy cascades for adult index testing indicate that from the 210,000 index cases, 161,000 adult index tests were performed, increasing the ratio of index tests:index cases from 63% in FY 2019 to 76% in FY 2020, even with restrictions on community index testing activities due to COVID-19. However, partners also only reported 132,000 index clients were offered index testing services, leaving large gaps in coverage. PEPFAR Mozambique should continue to support partners and ensure that all new identifications are offered safe and ethical index testing services in FY 2021. Facility index testing yield remained high at 20% while community index testing needs continued refinement, achieving a yield of 13%. Overall, 13% of positive adult cases were from index testing, while 30% of positive children cases were from index testing. Gaza, Inhambane, Manica, Niassa, and Tete had lower index case acceptances to contact elicitation and may need additional technical assistance.

Partner Performance:

- JHPIEGO, funded by DoD, nearly reached case identification targets (98%) while only needing half the tests planned. JHPIEGO also had the strongest index tested cascade across all partners and executed within planned budgets for HTS. While a smaller partner, PEPFAR Mozambique should identify best practices that might be scaled throughout the rest of the program.
- All other partners, including EGPAF, CCS, ICAP, ARIEL, and FGH, funded by CDC, and ECHO and N’weti, funded by USAID, did not achieve case-identification targets.
- CDC and USAID partners over expended for HIV testing at 134% and 122%, respectively. CDC and USAID should work with partners to improve testing efficiency.

OVC

- Mozambique has continued to focus on OVC services, achieving 102% of the OVC_SERV target, with 79% of the those served under 18 years old. Most provinces continued to increase OVC served during FY2020, except for Zambezia and Sofala, which had local partner transitions. Mozambique’s OVC program covered an estimated 38% of the pediatric treatment cohort, with lower coverage (<30%) in Cabo Delgado, Maputo City, and Manica. 166,315 of OVC graduated in Q4 FY 2020, much more than targeted, across all age groups.
- 98% of OVC_SERV younger than 18 years have a reported HIV status, 88% of whom have a known HIV status. Of the HIV-positive OVC, 99% are confirmed to be on ART.

Partner Performance:

- World Education International and COVida achieved or surpassed their OVC_SERV target, while N’weti reached 93% of their OVC_SERV target. World Education International expended 95% of their budget, COVida expended 93% of their budget, and N’weti expended 100% of their budget.
- Peace Corps evacuated volunteers in response to the COVID-19 pandemic and thus only achieved 33% of their OVC_SERV target.

DREAMS

- Despite a suspension in DREAMS activities because of COVID-19, Mozambique’s DREAMS program tripled their primary package completion rate in FY 2020 compared to FY 2019; however, completion rates still only reached 27%, with the highest completion rates among 10-14

year olds. Primary package completion also greatly varied among provinces, with districts in Maputo and Zambezia achieving 33% and 67%, respectively, compared to 2% to 25% elsewhere. Partners expended 60% of planned resources for AGYW. With the expansion of DREAMS to additional districts and provinces in FY 2021, rapid assessment and remediation to ensure AGYW complete the primary package is needed and PEPFAR Mozambique should leverage ISME support. Partners not improving completion rates in existing DREAMS districts by the end of Q2 FY 2021 should be placed on a performance improvement plan. The collaboration between community and clinical IPs in Maputo and Zambezia districts should be replicated to the other DREAMS districts.

VMMC

- Mozambique conducted 190,895 VMMCs, 47% of the annual target. The vast majority, 185,108, were completed in Q1 and Q2, and Mozambique was on track to achieve the annual target prior to the halt in response to COVID-19. 53% of the VMMCs performed were in males over 15 years, and recently resumed services are entirely focused on males over 15.

Partner Performance:

- Due to COVID-19 restrictions, no partners reached their VMMC targets this year. 60% of VMMCs performed by JHPIEGO, funded by CDC, were on males under 15. All other partners had less than 50% of their VMMCs in males younger than 15.
- JHPIEGO/CDC and JHPIEGO/DOD expended 125% and 117% of their VMMC budgets, respectively. CDC and DOD should identify reasons for over expenditure given the months-long halt in implementation, including an analysis of commodity use to determine if there are excess commodities that can be applied to services in FY 2021.

Cervical Cancer

- We commend Mozambique for their impressive scale-up of cervical cancer screening in FY 2020. Mozambique surpassed their cervical cancer screening targets, screening 218,558 of women living with HIV.
- Cervical cancer treatment has improved from 61% in FY 2019 to 68% in FY 2020. Treatment rates were consistent across most provinces, with the exception of Zambezia, which achieved only of 40% in Q4 FY 2020. Cryotherapy was the primary procedure in FY 2020 with expansion of thermocoagulation planned in FY 2021. LEEP is still limited in Mozambique, although increasing access is also planned in FY 2021.

Partner Performance:

- The majority of partners achieved their targets across geographies, except for ARIEL in Maputo (83% of target), ECHO in Manica (70% of target), and EGPAF in Gaza (84% of target).

Key Populations

- Outreach to key populations was negatively impacted by COVID-19 restrictions, with fewer KPs reached at the end of Q4 FY 2020 compared to Q2 FY2020, especially among FSW, but Mozambique achieved 110% of their KP_PREV target for FY 2020.
- PrEP uptake among KP increased in FY2020, with 1,128 KP starting on PrEP in Q4.
- Even with COVID-19 community restrictions, Mozambique has continued to refine and improve their targeted testing program in KP (26% testing yield), especially among FSW, MSM, and PWID. The lowest testing yield by the end of Q4 FY 2020 was among prisoners at 11.5%.
- VL coverage was high for FSW and MSM, and lower for people in prisons and PWID. KPs also had VL suppression above 80%, except for among PWID in Q3 and Q4.

Partner Performance:

- PASSOS, funded by USAID, greatly surpassed KP_PREV target and testing targets for FSW, MSM, and PWID, and achieved 92% of their testing targets for people in prisons. PASSOS expended 117% of their budget. USAID should ensure PASSOS expenditures align with approved budgets in FY 2021.

Above-Site

- PEPFAR Mozambique has invested heavily in health information systems, supply chain, laboratory infrastructure, and work force training over the years. The completion of the Diagnostic Network Optimization will improve the testing capacity, the VL dashboard will allow monitoring and targeting of site-level interventions for patient management, and expanded EPTS coverage and interoperability with other systems will improve clinical monitoring and patient tracking. The supply chain has also made great strides in privatization to ensure commodities are delivered to health facilities correctly and efficiently. Continued work with the private sector for supply chain and laboratory specimen transport support is strongly encouraged.
- The PHIA was delayed because of COVID-19 restrictions in FY 2020, but is planned to begin in February 2021. We look forward to the preliminary results at the end of 2021.

SECTION 4: COP/ROP 2021 DIRECTIVES

The following section has specific directives for COP 2021 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives.

Minimum Program Requirements (MPR)

All PEPFAR programs – bilateral and regional– were expected to have the following minimum program requirements in place by the beginning of COP20 implementation (FY2021). 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 progress to reaching epidemic control and results in inefficient and ineffective programs.

All PEPFAR programs are expected to meet all of the requirements below, and the COP21 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 COP21 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 FY2021. The list will be included in the Strategic Direction Summary (SDS), as well.

Failure to meet any of these requirements by the beginning of FY2022 may affect the OU budget. The minimum requirements for continued PEPFAR support include the table on the following page.

Table 9. COP/ROP 2021 (FY 2022) Minimum Program Requirements

Minimum Program Requirement	Status and issues hindering Implementation
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	Test and start in place in all facilities. Linkage increasing across the board, still <95% linkage for some age groups,

from testing to treatment across age, sex, and risk groups.	particularly among pediatric patients.
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.	DTG use increasingly widespread. 94.9% of adolescents and adults on TLD as of FY 2020 Q4. While 82.6% of children are on optimized regimens, transition of children from NVP-based regimens to DTG-based regimens still needed, with DTG 10mg formulations under discussion.
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.	79% of clients are on 3 or 6 month MMD (mostly 3 month). 6MMD expansion has been approved and was available at 11 sites in two provinces at the end of FY 2020. Expansion of 6MMD started in Q1 FY 2021 in Gaza with 80 approved sites.
4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by the end of COP21, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	Improvements have been made in TPT initiation and completion during FY 2020, but are still too low. An interagency plan is in place for scale-up during FY 2021. Cotrimoxazole is being provided.
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.	Diagnostic Network Optimization exercise finalized in August. Adoption of DNO recommendations under discussion. Mozambique currently does not have laboratory capacity for 100% coverage of viral load testing, but EID capacity is robust, with POC network continuing to outperform conventional EID PCR testing.
Testing	
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 should be offered testing for HIV.	Facility index case testing has continued to scale up; community testing resuming following pause during COVID-19. 160,000 self-tests targeted for distribution through STAR project in 8 districts began in Q4 FY 2020. Comprehensive IPV response plan underway including training, register revision and RedCAP CQI process (306/652 assessments completed at Q4). Policy update in Q1 FY 2020 increased age of index testing to include adolescents with HIV+ parents; national screening tools revised. Policy environment is permissive for index testing of older children above 15. Team should work with MOH to clarify testing guidelines for children of HIV+ parents up to the age of 19 is recommended.

Prevention and OVC	
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 HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)	Based on Zambia PrEP evaluation, MISAU concurred with COP20 scale up of PrEP for PLW, adolescents 15+, sero-discordant couples, and key populations, with the age of eligibility lowered from 18 to 15. PEPFAR needs to collaborate with MISAU to expand PrEP access for these populations across all provinces as rapidly as possible.
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) 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 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV	88% of comprehensive OVC beneficiaries have known HIV status, and 99% of HIV+ OVC are confirmed to be enrolled in ART. Community prevention activities were suspended during COVID-19, but are resuming.
Policy & Systems	
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 formal user fees for HIV and 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.	Site-level quality assurance and improvement processes dynamically adapted to COVID-19 context through development of a new site assessment tool and virtual support practices
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.	U=U campaign launched July 10, 2020. In COP20 Mozambique will further expand stigma reduction, treatment literacy, and community-led monitoring activities through direct funding to CNCS, PEPFAR small grants, strategic marketing approach, and cooperative agreements with local organizations.
4. Clear evidence of agency progress toward local, indigenous partner direct funding.	USAID and CDC increased the proportion of total funding going to local partners in FY 2020. The majority of PEPFAR funding is still programmed through international partners and agencies should continue to look for opportunities to

	transition to local entities when possible.
5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	GRM supports health systems and allocated \$10 million to HIV commodities (ARVs and test kits) in COP19. Expenditure rate to be determined.
6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Electronic Patient Tracking System at 582 sites (97% of TX_CURR) supported by clinical IPs.
7. Scale-up of case surveillance and unique identifiers for patients across all sites.	Mozambique has birth registration and a unique identifier system which was recently implemented for children (400,000 children registered since December 2018). Registration in 163 conservatories and 307 hospitals and expansion occurring. Pilot project to facilitate registration of 1000 children in COP20 in coordination with leading donors and Ministry of Justice.

In addition to meeting the minimum requirements outlined above, it is expected that Mozambique will consider all the following technical directives and priorities:

Table 10. COP/ROP 2021 (FY 2022) Technical Directives

OU –Specific Directives
<p>Case-Finding</p> <ul style="list-style-type: none"> • Continue to scale evidence-based methods for increased case finding, such as index testing, self-testing, U=U campaigns, flexible testing days and hours, and targeted community-based testing to help close the gaps in HIV diagnoses among male and female adults (ages 15+) across all provinces, and especially for men in northern provinces. • Increase training and capacity for index testing to all PEPFAR supported clinics and programs to ensure that safe and ethical index testing services are offered to all persons newly diagnosed with HIV and to persons returning to care.
<p>Linkage and Initiation of Treatment</p> <ul style="list-style-type: none"> • Continue to improve linkage for male and female clients 15-39. Reinforce evidence-based, peer-delivered linkage services for all clients following HIV diagnosis to include intensified post-test counselling and education, comprehensive service referral and linkage system that seeks to identify and address clients’ personal challenges. • Work with IPs to ensure systematic monitoring and evaluation of enrollment in HIV care and ART initiation outcomes, including monitoring of first drug pick-up, etc.
<p>Continuity of Treatment Services</p> <ul style="list-style-type: none"> • Continue to expand and generate demand for client-centered services, including mobile and community ARV distribution, private pharmacy DDD models, integrated pharmacy pick-ups, and 6 MMD. • Utilize CQI approaches to identify and address reasons for clients defaulting, differentiated by demographic and geographic considerations. • Consider deployment of CETA approaches to address mental health barriers to continuity of treatment. • Ensure HIV treatment services are provided in Cabo Delgado by supporting the provincial and district levels and the tracing of internally displaced persons to relink to care. Consider leveraging partners with experience in conflict areas to support efforts. • Validate TX_RTT reporting and ensure aligns with most recent MER guidance.
<p>Viral Load Coverage and Suppression</p> <ul style="list-style-type: none"> • Continue expanding VL coverage through continued optimization of the conventional VL and EID testing network. • Optimize the interoperability and use of electronic monitoring tools for VL (VL dashboard, EPTS and DISA) to allow the monitoring of patients with high VL or failing TLD at the national level and generate and use high VL cascades at the site level. • Implement measures that identify eligible individuals for VL test to flag patients who are due for VL prior to their refill or who have high VL. • Identify barriers for access to VL testing and suppression for pediatric, adolescent, and pregnant women and deploy remediation measures. Enhance partner management for these populations.
<p>Pediatrics</p> <ul style="list-style-type: none"> • Improve pediatric case finding through increased index testing of all children and use of pediatric screening tools in OPD for other PITC. • Support GRM to adopt and implement a policy authorizing CHW dispensing of ART, and for scaleup of 6-month MMD. • Rapidly phase out of EFV and NVP (in FY 2021) and rapid scale up of DTG 50mg for all

<p>CLHIV >20kg and TLD for CLHIV >30kg. Once DTG 10 mg arrives, the remaining children should be rapidly optimized.</p> <ul style="list-style-type: none"> • Improve quality of pediatric services to ensure high VLS, including referral to quality EAC, viremia clinics, teen clubs, OVC programs, Mentor Mothers, etc where appropriate with follow up VL to ensure suppression. Intensify partner management for pediatrics. • Improve quality of outcome of TB services in children, including TB case identification for children newly initiated on ART and children with malnutrition. Increase the use of alternative sample types and diagnostic testing. Address clinical and supply chain barriers to pediatric TB treatment and TPT. • Improved screening and management of advanced HIV disease for children. Quantification for commodities for advanced disease, such as CD4, urine-LAM, and prophylactic medications, should include children and adolescents, and PEPFAR should coordinate with Global Fund, GRM and other stakeholders to ensure their procurement.
<p>PMTCT and EID</p> <ul style="list-style-type: none"> • Continue to improve viral load coverage among PLW and EID testing. Deploy strategic use of POC technologies for implementation of same day VL POC for PLW (and children < 5) and EID (only if patients receive results during their facility visits). • Improve tracking of pregnant women through Mother-baby pair programs and/or similar programs. • Intensify partner management for VLC/ VLS for PLW and EID coverage. • Support MISAU to adopt DSD COVID-19 adaptations for PLW as routine operations in national guidelines. • Expand mentor mother-based ART distribution in conflict and disaster settings
<p>MenStar:</p> <ul style="list-style-type: none"> • Expand strategic marketing: Reinforce messaging and brand established in FY21 campaign, both at the mass/mid-media level as well as at the community level. Novel new approaches to reach men, including the use of advanced analytics, may be required to reach desired impact.
<p>TB</p> <ul style="list-style-type: none"> • Deploy a comprehensive approach to eliminate the 30% gap of PLHIV not undergoing TB screening, including improved data quality, trainings and mentorship/supportive supervision to health care workers, patient literacy with communication (IEC) materials, and intensified partner management and data reviews. • Deploy CQI approaches to identify and address obstacles resulting in suboptimal TPT completion rates at 64% overall. Ensure client-centered approaches for ART are also applied to TPT. • Identify root causes and deploy remediation efforts to rapidly improve the 15% follow on diagnostic rate for ART patients with symptom positive TB screens.
<p>Advanced Disease Management</p> <ul style="list-style-type: none"> • Make preparations needed for implementation of ADM services when commodities begin to arrive, including training package dissemination, update of national policy, needs assessment, clinical mentorship, laboratory capacity, development of SOPs, establishment of referral pathways, and monitoring and evaluation. • Cervical Cancer: <ul style="list-style-type: none"> ○ Expand cryotherapy and LEEP services to new service delivery sites especially in Sofala, Manica, Military, and Zambezia. ○ Work with the MISAU to rapidly facilitate introduction of thermocoagulation for cervical cancer treatment in Mozambique to facilitate improved treatment access. ○ Ensure that IPs and sites have a robust quality assurance system for VIA, and begin implementation of HPV testing in pilot sites with this capability.

<p>OVC</p> <ul style="list-style-type: none"> • Ensure that >90% or more of children and adolescents on ART with PEPFAR support in OVC SNUs are offered the opportunity to enroll in the comprehensive OVC program. • OVC and clinical partners should continue to collaborate to systematically triangulate facility data with OVC program data to verify number of CLHIV, optimized ART regimens, and improve pediatric retention, VLC, and VLS. Clinical IPs should support this data sharing to enable monitoring of outcomes. OVC and clinical partners should implement existing MOU's, or put new MOU's in place, for all sites that are jointly served, clearly delineating responsibilities and coordination.
<p>Key Populations</p> <ul style="list-style-type: none"> • At minimum, maintain COP20 investments for KP programs (base and KPIF) to ensure high quality testing, linkage and treatment services. • Provide technical assistance to MoH health care workers to improve classification of KP using new fields on clinical records and to make health facilities in rural and suburban areas more KP-friendly.
<p>HIV Prevention</p> <ul style="list-style-type: none"> • DREAMS: <ul style="list-style-type: none"> ○ Deploy intensified partner management to rapidly increase primary package completion for all ages and ensure quality scale up of DREAMS programs to new provinces and districts added in FY 2021. This should include improvements in routine data collection and monitoring the layering of services among AGYW. ○ Continue STI screening and treatment as part of the DREAMS package. ○ Increase engagement and retention of AGYW aged 20-24 years by scaling-up and expanding sustainable comprehensive economic strengthening interventions to all DREAMS districts. ○ Increase the flexibility/adaptability of DREAMS programming, including post-violence clinical care services and community-based interventions, to sustain and build upon achievements by utilizing best practices and lessons learned from humanitarian settings to mitigate the effects of natural disasters, civil conflict, and the prolonged impacts of COVID-19 and other future pandemics. • PrEP: <ul style="list-style-type: none"> ○ Continue to expand PrEP access for KP, AGYW/DREAMS, serodiscordant couples, and in ANC, particularly through community-based PrEP services and differentiated service delivery models (e.g. MMD, virtual follow up) across all provinces. ○ Deploy a comprehensive PrEP demand creation plan targeting all populations at risk. ○ Ensure PrEP offered in all HFs in DREAMS districts and that DREAMS spaces support demand creation/education/support of PrEP. More AGYW should be receiving PrEP in DREAMS districts versus non-DREAMS districts. ○ Implementing Partners monitor PrEP adherence and provide adherence support to PLW. ○ Support GRM to update policies, guidelines and IEC to deploy novel biomedical prevention products and delivery systems such as oral PrEP, long-lasting injectable PrEP, event-driven PrEP and the Dapivirine ring. • VMMC: Adapt demand creation and service delivery for COVID-19, scale up in a deliberate, controlled fashion, and monitor sites for compliance with risk mitigation standards. Continue to modify demand creation and service delivery activities to achieve success for those 15+.
<p>Health Systems</p> <ul style="list-style-type: none"> • Supply Chain: <ul style="list-style-type: none"> ○ Provide national coverage of private sector last-mile distribution at the national level through PEPFAR; shifting TA to focus on contract and performance management to

<p>pave the way for the GRM to replicate last mile distribution strategies.</p> <ul style="list-style-type: none"> ○ Strengthen end-to-end supply chain data availability, visibility, security, and use; particularly the routine triangulation of facility level stock data and program data by establishing a GRM Data Management Unit. ● Laboratory: Improve laboratory systems by operationalization of the Diagnostic Network Optimization (DNO), in coordination with the TB Diagnostic Network Analysis (DNA), and establishment of a consolidated sample transport system. ● HMIS: <ul style="list-style-type: none"> ○ Improve data integration through functional enhancements of EPTS ○ Transition of legacy DREAMS and GBV data collection systems to align with Mozambique’s National HMIS guidelines. ○ Consolidation of VMMC and HTC systems across partners and agencies ● HRH - Continue to optimize staffing investments and adjust staffing models to provide client-centered services. Expand local partner and private sector HRH capacity to build a more flexible and resilient workforce for HIV services. ● Strategic Information: If funds are available, consider conducting SABERS survey of military population.
<p>Management and Operations:</p> <ul style="list-style-type: none"> ● If funds are available, support (up to 50% PEPFAR) an emergency response position to help coordinate ongoing and emerging challenges related to conflict or natural disasters

COP/ROP 2021 Technical Priorities

Client Centered Treatment Services

COP21 planning must ensure treatment continuity for all current and new clients. To do this, programs must specifically and thoroughly address the challenge of interrupted antiretroviral treatment, especially after initiating ARVs and through young adulthood. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, will require long-term, continuous adherence to ART for an adult population that is asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are free, fit the lives of the clients, and empower clients to on ART to stay the course. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including client education on the benefits of lifelong treatment, optimized treatment (dolutegravir-based therapy) and multi-month dispensing, convenient and safe ARV access arrangements, and community and client participation in design and evaluation of services.

Pediatric- and Adolescent-Centered Services

In COP21, PEPFAR programs are required to demonstrate improvement in pediatric case finding, including safe and ethical index testing, to close HIV treatment gaps across age and sex bands. Programs must move forward with the introduction and broad use of pediatric DTG formulations in FY21 (COP20), with full implementation expected to occur during the first quarters of FY22 (COP21). Programs need to further advance pediatric- and adolescent-specific continuity of treatment programming, including age-appropriate differentiated models of care and leveraging bidirectional synergies with clinical and OVC implementing partners. OUs must develop a comprehensive plan to achieve $\geq 90\%$ viral load coverage and viral load suppression across all age and sex bands. To further reduce morbidity and mortality, clinical programs should include an evidence-based advanced HIV disease package of care for children and adolescents.

Community-led Monitoring

In COP 21, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)

In COP 2021, PrEP should continue to be made widely available with a focus on getting PrEP, (including possible new PrEP options) to the people that need it. Groups to be prioritized for PrEP include HIV negative partners of index cases key populations including sex workers, men who have sex with men, transgender persons, people in prisons and other closed settings, people who inject drugs, adolescent girls and young women and, pregnant and breastfeeding women, in areas with high HIV incidence or with higher risk partners, and other identified serodifferent couples. Groups should be tailored to the OU's epidemic context.

TB/HIV

TB/HIV services must be integrated, including DSD and MMD models for both TB and TB preventive treatment (TPT). All PLHIV must be routinely screened for TB and have access to molecular diagnostic testing and/or point of care tests such as LF-LAM. TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP21; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

Advanced HIV disease

The advanced disease package of care should be fully integrated into clinical care and includes diagnostics and therapeutics for tuberculosis and cryptococcal meningitis as well as cotrimoxazole. Countries should budget adequately for commodities including urinary LAM, CrAg, amphotericin B and flucytosine. Please see section 6.5.2 of the COP guidance.

DREAMS

DREAMS funding is allocated within your COP 2021 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNU's in accordance with all DREAMS and COP 2021 Guidance. In addition to ensuring that all DREAMS beneficiaries complete the core package of relevant services, priorities for COP21 DREAMS implementation include systematically identifying and engaging AGYW that are most vulnerable to HIV acquisition; particularly pregnant AGYW and those who are mothers; improving the package of economic strengthening services offered to AGYW (including exploring potential job opportunities through PEPFAR); ensuring evidence-based curricula are implemented with quality and fidelity; enhancing mentoring selection, training, compensation and supportive supervision processes; and accelerating PrEP uptake for AGYW in DREAMS SNU's.

OVC

To support the Minimum Program Requirement described above, in COP 21 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memoranda of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, pediatric case finding, case conferencing, shared confidentiality, joint case identification, and data sharing. In high volume clinics within high burden SNU's, at least 90% of children (<age 19) in PEPFAR-supported treatment sites should be offered enrollment in OVC programs. OVC staff placed in clinics (e.g., as linkage coordinators,

case managers, etc.) should have the capacity to assess child and family needs (including food and economic security) and to offer appropriate referrals. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

VMMC

Funds have been provided to conduct VMMC for males 15 years or older. The team is reminded of the revised guidance which allows surgical VMMC for those 15 or older. While Shang ring may be considered for those below age 15 with headquarters approval, it should be limited to those age 13 or above who are able to understand the procedure and provide informed consent, along with parental consent as dictated by local laws. All VMMC providers must adhere to the requirements for reporting of Notifiable Adverse Events.

Cervical Cancer Screening and Treatment:

Funding for cervical cancer screening and treatment of pre-invasive lesions. The target for screening must be equal to half of the TX_CURR for women age 25-49. All teams performing cervical cancer screening must adhere to the PEPFAR screening guidance and report into the cervical cancer MER indicators. Basic treatment should be available for pre-cancerous lesions at the site of screening except under exceptional circumstances. All sites performing screening should establish clear referral mechanisms for patients needing treatment not available on site such as LEEP or evaluation for potential invasive cancer. Patient referral between sites should be facilitated and outcomes of the referral tracked to assure appropriate treatment and to allow reporting of results.

Condoms and Lubricants

Condoms are key to a successful combination HIV prevention approach and are a cost-effective tool for preventing other sexually transmitted infections and unintended pregnancies. PEPFAR's goal is to ensure high levels of use, equitable access to, and sustained demand for condoms and lubricants among key and priority populations and low-income groups. In COP21, through the Condom Fund, GHP-USAID will provide \$20.3 million in assistance to PEPFAR-supported countries to procure and deliver condoms and lubricants to address key condom supply and demand issues. This funding is in addition to funds allocated for condom programming and additional condom/lubricant procurement in each country from COP21 country funding as determined during the COP planning process.

Mozambique will have access to \$1 million from the Condom Fund in COP21/FY22, contingent upon adequate justification of need. Coordination with other donors that provide commodities, including the Global Fund, is also critical and expected. The process for estimating your country's total condom and lubricant need is outlined in the COP21 guidance. Among other items, this justification should include an outline of how Mozambique will support condom programming in FY22 with funds from your base COP21, the Condom Fund, the GF and/or other donors, and the host-country government. Please note that in FY22 there will also be limited funding available to cover unexpected or emergency condom and/or lubricant requests from PEPFAR-supported countries. Access to these funds will be provided on a first come, first served basis, and OUs will be required to provide a justification for why their special request is being made.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised PLHIV Stigma Index 2.0 utilizing the standard methodology, or complement Global Fund or other donors financing implementation of the PLHIV Stigma Index 2.0, if it has not already been implemented in the OU. If the revised PLHIV Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 21, whether supported by PEPFAR or other resources. Completion of the

PLHIV Stigma Index 2.0 should be accompanied by a response and action plan discussed and agreed upon by all stakeholders that will address findings. Where the PLHIV Stigma Index 2.0 has already been conducted, COP/ROP 21 focus should be on concerted action to address findings.

Human Resources for Health (HRH) and Sustainability

Using data from the HRH Inventory completed in COP20 Q4, OUs are expected to complete a comprehensive HRH analysis to optimize staffing at the site- and above-site-levels. PEPFAR programs in countries that will be near to or reach 95/95/95 in the COP20 implementation cycle are required to develop and implement plans to sustain their progress and effectively retain clients in quality HIV treatment programs. Results from the Sustainability Index and Dashboard (SID) 2019 should inform the OUs on their progress and gaps related to the policies and technical areas for inclusion in the sustainability plans. Resource alignment data should be used to understand the HIV funding landscape-- especially with a more granular understanding of PEPFAR and GFATM investments-- who is paying for what services in order to enhance strategic collaboration and coordination and avoid duplication during the program planning cycle.

Cross-HIS Data interoperability - Use and Analysis

Improved data visibility, and analysis are essential for better understanding the HIV epidemic and reaching epidemic control.

PEPFAR Mozambique should 1) consistently and continuously use and analyze data at the individual patient level with aim of program improvement (e.g. use patient level data to understand retention differences across patient cohorts and create more tailored risk models and intervention). 2) utilize available data interoperability solutions to harmonize and triangulate data across EMRs, commodities, pharmacy dispensation, laboratory data, HRH and other data.

Systems Investments

PEPFAR teams are expected to align systems investments with key systems barriers to achieving epidemic control. System investments should also be aligned to achieving and maintaining minimum program requirements for COP including adoption and use of unique identifiers, building country capacity in disease surveillance and other core competencies to achieve and maintain epidemic control including country ability to perform continuous quality improvement. Systems investments that have achieved their goals should be candidates for countries to assume responsibility to achieve the minimum program requirement for increased responsibility and increased government expenditures.

Faith and Community Initiative (FCI)

Building upon PEPFAR's standing principle to ensure "every dollar is optimally focused for impact", OUs with continuing FCI investments should continue implementing best practices in accordance with FCI and COP21 Guidance. Priorities for COP21 FCI implementation for addressing gaps in reaching men and children include: coordination through an Inter-Faith Steering Committee to advance treatment literacy; and decentralized, continuing care through faith-engaged community posts, faith-engaged highly targeted HIV self-testing, and/or community adolescent treatment programs for youth living with HIV.

Innovative solutions and adaptive practices

There are extraordinary examples of innovation by our field teams and partners during COVID. These include adaptations and lessons learned that span across many of our technical and program areas as well as all countries we work in. Teams should look at ways to strengthen and improve our capacity to innovate, design, and create within the communities we serve. This includes systematically looking at the evidence base and how to learn from these examples as well as strengthen our methods to help scale proven strategies and interventions.

COP/ROP 2021 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 host country government.

As in years past, civil society organizations are considered essential and invited to participate both in the virtual COP21 strategic planning meetings, as well as virtual approval meetings. .

This engagement, of both civil society, and of faith-based organizations/faith communities, specifically includes the sharing of FY 2020 Q4 and FY 2020 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2021 in order to introduce and discuss all COP/ROP 2021 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2021. 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 February and March 2021, PEPFAR will convene virtual meetings where outstanding decisions will be discussed and finalized. In addition to host-country representatives, the meetings will also include representatives from local and international civil society and community organizations, faith-based organizations/faith communities, and multilateral partners. Specific guidance for the 2021 virtual meeting delegations will be provided separately.

Engagement with all stakeholders is required beyond the meetings and throughout COP/ROP 2021 development, finalization, and implementation. As in COP/ROP 2020, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with both CSO and FBO stakeholders for their input and comments at least 48 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2021 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Care and Treatment (C&T): OU's COP/ROP 2021 minimum requirement for the C&T earmark is reflected in Table 2. If there is no adjustment to the COP/ROP 2021 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment earmark amount across new FY 2021 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): OU's COP/ROP 2021 minimum requirement for the OVC earmark is reflected in Table 2. Countries must program to the full OVC earmark amount across new FY 2021 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. In such cases, teams should provide brief justifications and explain the rationale for prevention programming decisions given the epidemiologic context, contributions of other donors, and other relevant factors. The written justifications should be uploaded as 'Budgetary Requirements Justification' to the document library of FACTS Info.

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): 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 2021** funding programmed to the GBV cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2020 GBV earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 funds for GBV can be above this amount; however, it cannot fall below it.

Water: 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 2021 funding** programmed to the water cross-cutting code. Your COP/ROP 2021 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2021 planned level of new FY 2021 funds for water can be above this amount; however, it cannot fall below it.

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. PEPFAR has set a 70% goal **by agency** by the end of FY21, and must meet 40% by FY20. 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 FY21 as appropriate through their COP/ROP 2020 submission.

State ICASS: Table 3 shows the amount that the OU must program under State for ICASS Costs.

COP/ROP 2021 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in Mozambique should hold a 3 month pipeline at the end of COP/ROP 2021 implementation whenever possible 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 a 3 month buffer. Any agency that anticipates ending COP/ROP 2020

implementation (end of FY 2021) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP/ROP 2021, decreasing the new funding amount to stay within the planning level.