

PEPFAR COP/ROP 2021 Virtual Planning Meetings -- MOZAMBIQUE

WEDNESDAY, APRIL 21 – THURSDAY, APRIL 22, 2021 -- 07:00 – 11:00 DC // 13:00 – 17:00 Mozambique

Presentations can be found in:

SharePoint in Mozambique > HQ Collaboration > COP2021 > 2-Day Virtual Meeting Materials or <https://mz.usembassy.gov/our-relationship/pepfar-us-presidents-emergency-plan-for-aids-relief-2/country-operational-plan/>

DAY 1: WEDNESDAY, APRIL 21, 2021

TIME	SESSION	CAPTURE QUESTION/RESPONSE AND ANY ACTION OR FOLLOW UP NEEDED	PCO Notetaker
7:00-7:20 DC 13:00-13:20 Moz 20 mins.	<p>Welcome and Front Office and GRM Introductory Remarks</p> <p>Note – suggest all delegations view the pre-recorded opening plenary in advance of the planning meeting https://youtu.be/REIZUfm9eOQ</p> <ul style="list-style-type: none"> Welcome and goals for the virtual meeting, Brief remarks from USG Front Office, Brief remarks from Mozambique government representative. 	<p>Q&A</p> <p>No Questions and Answers on this section</p> <hr/> <p>Follow up/Action items</p> <p>1. Jason Bowman</p> <ul style="list-style-type: none"> Appreciation to PEPFAR team for continued engagement to finalize cop this year Jason Bowman reports directly to Ambassador Angeli Goal next two days is to have robust conversations and reach understanding over priorities for COP21 Due to limited time, should have focused discussions Time built in for conversation and discussion in hopes to bring forward critical issues and come to agreements on those issues to be addressed before finalizing COP and presenting to leadership in mid may 	Baddy

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		<ul style="list-style-type: none"> • Large number of participants this year (wonderful things of virtual platform) • Looking forward to productive 2 days. Enormous lift of work that is appreciated as they continue to support the government of Mozambique to achieve epidemic control <p>2. Abigail Dressel, Deputy DCM in Maputo</p> <ul style="list-style-type: none"> • Thanks everyone for joining, and to would like to recognize the CNCS and other colleagues on the call. Recognizes representatives from Multilateral organizations, Civil Society, colleagues in Washington and PEPFAR Mozambique • Collaboration between Mozambique team and partners. Congratulates everyone for coming so far and thanks everyone for all work during this challenging year • Pandemic has interrupted lots of plans so thanks everyone for flexibility and working during the pause • There's been tremendous work from many health workers in Mozambique on the COVID response and also congratulates all the efforts from government on the COVID response, resulting in reduced number and cases of COVID • Humanitarian challenges in Cabo Delgado province also making it difficult to fight HIV epidemic there • All these challenges have made us find new ways to reach our goals • Proud of work we have done in COP20 and preparing for COP21 • Meetings with counterparts and government has been critical to the planning process • Throughout out the planning process worked to ensure we are aligned with the strategic plan from 2021 to 2025 • Thanks for this opportunity to open these 2 days of meetings 	
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		<ul style="list-style-type: none"> • Thank you as always for the support of the US government not only in the national response for HIV • Happy DCM also mentioned that all of this should be aligned with the strategic plan of the government • If we continue in this methodology to align with the strategic document, we have better chances to achieve epidemic control 	
<p>7:20-8:20 DC 13:20-14:20 Moz 60 mins.</p>	<p>COP21 Vision Combined presentation of where are we now (FY20 APR, FY21 Q1 PEPFAR Performance); COP20 implementation progress; and COP21 strategic vision (including program and target updates) highlighting progress toward 95-95-95 and identifying gaps towards achieving sustained epidemic control. Presentation to discuss impact of COVID-19 on program performance, including key innovations and solutions to mitigate challenges and initial proposal on how best to use American Rescue Plan (ARP) funds.</p>	<p>Q&A Jason Why is retention working? Jessica : There is no one silver bullet that client in care. Fundamentally, patients need to received high quality clinical services and feeled that they are care for when they are receiving those services. And they also need the right drugs, the right judgement, the community based support to help them in the challenge of retentions. And there are many [challenges]. And fundamentally the more people who can live openly with HIV service in Mozambique, the easier it would be to continue in treatment, so we should not under-estimate the importance to ensure that the PLHIV are upfront in the response effort, living healthy good and riches lives on treatment, and demonstrating that is HIV in Mozambique today.</p> <p>What is been done in prevention in AGYW population? We are incredibly proud of our DREAM program witch provide social, economic and educational support for young women to give them other pathways that not leads to vulnerabilities to HIV infections. That investment has been incredibly successful, our Dream Ambassadors have been role model in our program that stand and continue. Our adolescents mentoring platform which will allow the hiring of young people PLHIV to provide pure based support in market, school, home, community and facilities, that is an integrated support.</p>	<p>Dominique</p>

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		<p>Aleny Couto: Question : What is the source used for the epidemiologic data in the vision deck, considering that we will only receive last spectrum version tomorrow? <i>Portuguese: Qual é a fonte usada para os dados epidemiológicos no deck de visão, considerando que só receberemos a última versão do espectro amanhã?</i></p> <p>Question : Regarding Slide 24: Expansion of Community Based Services, is self-testing will be a priority for the USG ? considering that the community activists will be an important part in the process of expansion nationwide of self-testing. Request to discuss the role of mentor mothers with other activists.</p> <p>Answer: It is important to recognize the importance of APSS in distributing ARV; and we are grateful for the GRM initiative making possible the community distribution. Mentor Mothers activities are the extension of the MM package, the approve package for women and children suffered violence in their living.</p> <p>Question : Concerning Prep, the expansion is very focused on the Key Population. We should not focus only on the KP, but also on Pregnant Women and Adolescent over 15-year-old. About Multiplexing, to ensure that we considering other population in phase with multiplexing? The conversation remain wide open. We do have significant capacity constrains and many people in the adolescent KP and TB population. We need to seat together with the numbers and decide how we can more strategic. We look forward to high quality implementation in phase one, that is measured and understood; and then working with you to extend the benefits of point of care viral load testing to the population that make the more sense in Mozambique.</p> <p>Roberto Paulo:</p>	
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		<p>Reach coverage for PEPFAR+GF in COP20 is 53%, for COP21 72% coverage proposed and in COP22 80%. More details to come tomorrow during the KP session</p> <p>Question : Has there been consideration of both, since KP prevention and treatment coverage is currently so low, as was pointed out in the KP COP 21 recommendations and the PLHIV COP 21 recommendations? Expanded geography, increased reach, and increased budget?</p> <p>Answer: Following up on your question, we maintained the KP budget from COP 20, despite an overall budget reduction. We will cover more details tomorrow.</p> <p>MSF HIV/TB Advocacy</p> <p>Questions : We are glad to see that PEPFAR acknowledge the impact of covid as one of the main reasons for the difficulty to not fully reach the commitment of the GoM to contribute with 10 M USD for ARVs. However, we would like to know if the impossibility to contribute with that will impact in some way the stocks of ARVs.</p>	
		<p>Follow up/Action items</p>	

<p>8:20-8:40 DC 14:20-14:40 Moz 20 mins.</p>	<p>Government of Mozambique COP21 Priorities Reflections from government on shared work with PEPFAR and proposed COP21 plan, identifying technical and programmatic strengths and areas requiring additional discussion.</p>	<p>Q&A</p> <p>Jason – discussion on Covid funding that GF can take a lead on while PEPfar takes others. Expansion of MMD to minimize contact with facility. Coordinate to discuss how best to approach that.</p> <p>Question on AHD - Jason -Nothing being flagged from our side on the supply chain.</p> <p>Kirsi – what was included for AHD last year has been approved. But if based on the necessities, we can make changes as needed.</p> <p>VL EID optimization and POC has rapid expansion. Who’s best position going forward?</p>	<p>Cleofas</p>
<p>8:40-9:00 DC 14:40-15:00 Moz 20 mins.</p>	<p>Civil Society COP21 Priorities and Community Led Monitoring Reflections from civil society stakeholders on shared work with PEPFAR and proposed COP21 plan, identifying technical and programmatic</p>	<p>Follow up/Action items</p>	<p>Cleofas</p>

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COP 2021 VIRTUAL PLANNING MEETING AGENDA

	<p>strengths and areas requiring additional discussion. Update on Community-Led Monitoring, including anything learned from preliminary findings and where we are in the plan with ongoing and planned activities.</p>	Follow up/Action items	
<p>9:00-9:20 DC 15:00-15:20 Moz 20 mins.</p>	<p>Open Discussion of Priority Items</p> <ul style="list-style-type: none"> Perspectives from multilateral colleagues 	<p>Q&A</p>	Rodrigo
		Follow up/Action items	
<p>9:20-9:25 DC 15:20-15:25 Moz 5 mins.</p>	Brief Break		N/A

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<p>9:25-10:55 DC 15:25-16:55 Moz 40 mins.</p>	<p>Treatment Continuity for Adults and Pediatrics Presentation (40 minutes)</p> <ul style="list-style-type: none"> • Client centered services including differentiated service delivery, multi-month dispensing, community service delivery models, • Optimization of pediatric and adult regimens, • Viral load coverage and suppression, • Linkage of children living with HIV to OVC and other supportive services, • Progress towards expansion of site-level clinical and lay human resources for health to support service delivery, • Patient literacy and addressing Stigma and Discrimination. 	<p>Q&A</p> <ul style="list-style-type: none"> • Jason: Interested in further clarity around MMD and scale to 6 months. Helpful to hear what the limiting factors. From a policy perspective, we are in a good space. Interested in hearing reflections. What’s needed to move it forward? Commodities? <ul style="list-style-type: none"> ○ A: Priority was to expand 3MMD with COVID-19, now we have an agreement to expand with sites that were improved by CMAM. We had some uncertainty with shipment of drugs, but that is now solved. We will be slowly expanding 6MDD in this COP and learn from Gaza and Maputo province expansion (Dercio). ○ A: We agreed that we will evaluate our health facilities and see if this change is sustainable, even if the partner is gone. We saw success in Gaza, but not in Maputo City. Everything needs to be in place, not just in terms of drugs, but also in terms of human resources, iDART, etc. We need to put back the TA we received with Pharmacies. Technical Advisors are still needed in the case of Pharmacies systems. Things have to be very well-organized and criteria has to be met before we just hand over 6MDD (Dra Aleny). • Jason: Where are we with the DTG scale up and when will it arrive in country. <ul style="list-style-type: none"> ○ A: First shipments are expected to arrive in the September/October timeframe (Stephen H). • Jason: Reflections on closing the gap on pediatric/adolescent cascades in terms of testing coverage, especially if policy re; index is permissive for 14 and younger. <ul style="list-style-type: none"> ○ A: Not answered due to time • Q: Hi all, given that there is tangible progress happening in retention, we are interested in discussing what more aggressive efforts to apply 	<p>Saira</p>
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		<p>lessons to COP21 and scale up DSD options further than what is presented, with a more ambitious footprint? It would cost more but this is a massive priority given the momentum. Why not scale further is there's been success due to pivot of geographic footprint. Lack of DSD options for people who are pregnant is disturbing and must stop. Undermines the human rights of pregnant who are expected to return to clinic 9 times. Can we change this and turn this around for pregnant women (MMD) (Health Gap)</p> <ul style="list-style-type: none"> ○ A: We will not expand in COP21, it will be a more consolidation of activities (campaign, mobile brigades, APES, other interventions). There are many activities that will be complimentary to each other (Dercio). ○ A: What we agreed is not just to pregnant women during COVID. We had a discussion internally with the MCH program and they said that 3MMD is not possible for pregnant women as there are items to sort through. We can start doing 3MDD for lactating women (Dra Aleny). <ul style="list-style-type: none"> ● Q: Sorry we had connection problems: Considering that MoH has 3rd line ARV drugs available in the country (Raltegravir, Dolutegravir) that cover all 3rd line adult patients of CRAM in Maputo and provinces, we would like to ask PEPFAR to consider the same for paediatric formulations as MoH still does not have it for paediatrics. (MSF) <ul style="list-style-type: none"> ○ A: Not answered due to time. ● Q: congrats to you on focusing on men in the campaign. Could you explain the extent to which the messaging includes all men in their diversity, particularly of bisexual males who do not necessarily access KP-specific services? Another question is on the adolescents whose treatment outcomes seem to be lagging behind - how are support services related to paediatric-adolescent-adults transition integrated into the DSD models? 	
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		<ul style="list-style-type: none"> ○ A: Main request was around men and stigma, we will continue to see how we can cover different types of men (Nidze) • Q: One quick point on the campaign - just want to ensure that as the demand is created through the campaign and the brand, that it is carried through down to the site level and service delivery experience - aka that the experience the men get at the clinic level matches/aligns with the story the campaign is telling. Important to link demand with service delivery experience. Well done and look forward to the launch! <ul style="list-style-type: none"> ○ A: We are working on this. The main request that men had on treatment was provider reduced stigma. We are working on this to improve quality of provider services (Nidze) • Q: Congratulations for the Men campaign, I would like to know how much will be invested within COP 21 to reduce stigma and discrimination related with Key Populations <ul style="list-style-type: none"> ○ Not answered due to time 	
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		<p>Follow up/Action items</p> <ul style="list-style-type: none"> • Team to further consider how and where we can expand DSD models, especially for pregnant women. Jason would like to have more clarity on what that space is and how we can adapt/expand different approaches in DSD. 	
<p>10:55-11:00 DC 16:55-17:00 Moz 5 mins.</p>	<p>Day 1 Review and Finalization Summary and identification of action items for Day 2.</p>	<p>Q&A - N/A</p>	Joyce
		<p>Follow up/Action Items</p> <ul style="list-style-type: none"> • Would be good for the team to incorporate responses into their presentations in terms of Key Populations. • Expansion of DSDD • Addressing stigma patient literacy with direct approach vs. Campaign • Responses to civil society concerns in their presentations • May also be able to address some of these topics (Expansion of EID/POC) through ARPA and follow up conversation with Global Fund on some of the items we are proposing. 	
		End of Day 1	

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