PEPFAR 2015 New Vision and Country Operational Plan (COP) Overview

Civil Society and Stakeholders Meeting
2 March 2015
Hoyle Field, Harare
PEPFAR’S Next Phase and COP 2015

• An exciting, yet challenging phase in the HIV response.

• We have a global shared vision – Fast tracking the response to reach epidemic control, including the achievement of the UNAIDS 90-90-90* treatment targets by 2020.

• To achieve this vision, PEPFAR is focusing on the highest-burden locations and populations in the countries in which we work.

*90% of PLHIV know their status; 90% of those that know their status are on ART; 90% of those on ART are virally suppressed
PEPFAR and UNAIDS 2020 Goals

• PEPFAR will align the program with UNAIDS Fast Track Strategy with a strong data-driven approach, using data at all levels, e.g., from national to site.

• We will work towards achievement of the 90-90-90 treatment targets and accelerated saturation of combination prevention activities in the countries in which we work.

• Prioritization is critical and PEPFAR programs should focus within countries on the locations and populations with the highest burden of disease.
New HIV Infections & AIDS-related deaths 2010-2030, with achievement of ambitious Fast Track Targets, compared to maintaining 2013 coverage

A New Era of Accountability, Transparency and Solidarity to Accelerate IMPACT
Partnerships for Epidemic Control

- PEPFAR priorities, planning, and implementation will be coordinated with national, Global Fund, bilateral donors, UN agencies, and other investments.

- PEPFAR teams will consult civil society and other partners to inform COP 2015 development.

- Opportunity to prioritize interventions in a coordinated, efficient manner.
Strategic Vision for COP 2015
PEPFAR’s Three Guiding Pillars
Delivering an AIDS-Free Generation with Sustainable Results

AIDS-free Generation

Accountability
Demonstrate cost-effective programming that maximizes the impact of every dollar invested

Transparency
Demonstrate increased transparency with validation and sharing of all levels of program data

Impact
Demonstrate sustained control of the epidemic – save lives and avert new infections
PEPFAR’s Five Key Agendas
Translating the Three Guiding Pillars to Results

Efficiency Agenda
Sharing responsibility, advancing progress

Sustainability Agenda
Saving lives through smart investments

Partnership Agenda
Working together towards an AIDS-Free Generation

Impact Agenda
Controlling the epidemic

Human Rights Agenda
Securing, protecting, & promoting human rights

Blueprint for an AIDS-Free Generation
How has Epidemic Control Been Defined?

- **Epidemic Control**: the point at which new HIV infections have decreased and fall below the number of AIDS-related deaths
- UNAIDS 90-90-90 target for 2020 to accelerate epidemic control
- PEPFAR cannot support the full cost of initiating 80% of PLHIV on treatment everywhere in every country
- Prioritization is critical and PEPFAR programs should focus within countries on the locations and populations with the highest burden of disease

**ART Targets for Example Country Patriae**

<table>
<thead>
<tr>
<th>Priority Districts in Patriae</th>
<th>Total PLHIV</th>
<th>Expected current on ART (APR 2015)</th>
<th>Additional patients required for 80% ART coverage</th>
<th>Target current on ART (APR 2016)</th>
<th>Newly initiated in FY 16**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiiskoski</td>
<td>129,651</td>
<td>72,817</td>
<td>30,904</td>
<td>88,269</td>
<td>24,279</td>
</tr>
<tr>
<td>Lehto</td>
<td>126,849</td>
<td>62,253</td>
<td>39,226</td>
<td>81,866</td>
<td>27,799</td>
</tr>
<tr>
<td>Nerbyn</td>
<td>70,589</td>
<td>36,839</td>
<td>19,632</td>
<td>46,655</td>
<td>14,482</td>
</tr>
<tr>
<td>Pehkolanlahti</td>
<td>59,107</td>
<td>31,891</td>
<td>15,395</td>
<td>39,588</td>
<td>11,656</td>
</tr>
<tr>
<td>Tikkakangas</td>
<td>47,828</td>
<td>19,861</td>
<td>18,401</td>
<td>29,062</td>
<td>12,107</td>
</tr>
<tr>
<td>Kelkka</td>
<td>34,160</td>
<td>18,562</td>
<td>8,766</td>
<td>22,945</td>
<td>6,678</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>468,184</td>
<td>242,223 (52%)</td>
<td>132,324 (28%)</td>
<td>308,385 (66%)</td>
<td>97,001</td>
</tr>
</tbody>
</table>

**Adjusted for anticipated LTFU**

1-year milestone in 2-year goal of 80% coverage of PLHIV on treatment
PEPFAR Can be Counted On To….

• Deliberately focus on core combination prevention interventions.

• Assess which investments are core, near-core and non-core to PEPFAR within each country context and make budgetary decisions accordingly.

• Evaluate each site’s performance and focus geographically and by site for all care, treatment, and prevention interventions.

• Ensure transparency and the use of real-time data for performance-based decision-making and to ensure maximum impact.

• Foster sustainability by increasing implementation of services and programs through, and building capacity of local institutions, systems and workforce.
PEPFAR’s Approach: the Right Thing, in the Right Place, at the Right Time

• The **right thing** means focusing on the highest impact interventions. When we focus on these interventions and bring them to scale, we see tremendous results. When we fail to focus and/or to reach scale, progress is slow or stalls.

• The **right place** means focusing our resources in key geographic areas, including at the sub-national level, and reaching the most vulnerable populations.

• The **right time** means getting ahead of and ultimately controlling the epidemic. Continually fighting an expanding epidemic is not programmatically or financially sustainable.
# Key Guiding Strategic Questions for COP 2015

## Questions for Impact and Efficiency Agendas

- **What does it take to get to epidemic control?**

- **How will PEPFAR invest more strategically to maximize impact of the program?**

- **How will decisions be monitored throughout the year with data and deliverables?**

## Questions for Human Rights, Sustainability and Partnerships Agendas

- **How are the key challenges for a sustainable national response being addressed, especially through health diplomacy and other interventions?**

- **How were civil society and other key stakeholders, including the partner government and the Global Fund, engaged in COP development?**

- **How are significant human rights issues for key and priority populations being addressed by the PEPFAR team?**
What are Key Data and Analyses Required to Adopt Enhanced Strategic Approach?

Structured prioritization of program activities and transition timelines for non-core activities

National investment profile and critical gaps to reach sustained epi control

Core, near-core, non-core

Interpretation and Decision-making

Geographic and Population Focus

Site/Volume Yield Analysis

Efficiency Analysis

Prevalence and # PLHIV

Site Yield Analysis

Resource Projections

PEPFAR $$/PLHIV and Prevalence

Outlier Analysis

Each observation represents a unique Partner, Mechanism, and Location combination.
Active Engagement with Civil Society in PEPFAR COP 2015 Development
• **NEW REQUIREMENT:** Documentation of a four-step consultation process included as part of submission and part of the COP review process

• **PEPFAR Country Teams are planning to establish a formal structure for active engagement in:**
  – COP Development
  – Quarterly Performance Reviews
  – APR/SAPR Reviews
  – Monitoring and Evaluation activities
Four Steps for Effective Civil Society Engagement

Step 1: Develop Civil Society Engagement Plan

Step 2: Convene Engagement Meetings

Step 3: Solicit Written Feedback from Civil Society

Step 4: Provide Written Feedback to Civil Society

NEW REQUIREMENT: PEPFAR Teams are required to submit civil society recommendations and country team response as part of the COP submission.
Key Strategic Questions for Active Engagement with Civil Society

• What trade-offs are PEPFAR country teams debating?

• How is PEPFAR considering prioritization of locations, geographic areas, and/or populations and why?

• How do PEPFAR country teams determine targets for scaling up the core interventions?
Zimbabwe COP 2015: Goals and Expectations
1. Strategic Direction Summary (SDS): Presents an overview of the data analyses and program decisions.

2. Sustainability Index and Dashboard (SID): Establishes a baseline on the sustainability of current HIV/AIDS programs and provides a framework to monitor progress over time.

3. Feedback from Civil Society on COP 2015 Process

4. Documentation of Human Rights Referral Systems

5. Site Improvement through Monitoring System (SIMS) Action Planner
Required Analyses for COP 2015 Strategic Planning

- Understand the current program context.
- Assess alignment of current PEPFAR investments and program focus.
- Determine priority locations and populations and set targets to achieve goal for accelerated epidemic control.
- Document gaps and barriers to achieve goal for accelerated epidemic control and outline program support and system-level activities in which PEPFAR will invest.
Required Analyses for COP 2015 Strategic Planning (continued)

- Determine core package of services and support, expected volume of services, and expected investment for other locations and populations.

- Project total PEPFAR resources required to implement program plans and reconcile with planned spending level.

- Set site, geographic, and mechanism targets and budgets in accordance with strategic direction.

- Determine monitoring strategy for planned activities in accordance with requirements and assess staffing pattern to achieve goals and accountability of results.
The PEPFAR team is expected to submit a COP that will aim for 80% coverage of PLHIV in select high-burden sub-national units, e.g., districts and priority populations.

To accomplish this goal, the PEPFAR team considered the following based on national data, e.g., MOHCC 2014, Census 2012 and PEPFAR program data:

- What does the burden of disease look like across the districts?
- Where is the greatest population density of PLHIV?
- Where are patients seeking services?
- Where and in what populations are new infections most likely to occur and what are the barriers to reaching additional people?
- What are the gaps and challenges?
- What will prioritization decisions result in terms of reaching sustained epidemic control in areas/populations identified?
- In which program and technical areas is PEPFAR uniquely positioned to support?
Methodology and Data Inputs

Aiming for 80% coverage of PLHIV on ART should not be the only component of a plan to achieve sustained epidemic control; however, it is goal locations and HIV-infected populations selected for focus and scale up.

1. Treatment: Geographic and Population prioritized based on HIV epidemiology and unmet need based on national and program data.
   a. Districts for Epidemic Control
   b. Districts for Maintenance

2. Targeted combination prevention interventions and other program activities in prioritized districts and hotspots with high HIV transmission and acquisition, not necessarily entire SNUs, e.g., districts.

3. Develop a package of services for scale-up and maintenance sites, based on a tiered-approach of level of “touch.”
Zimbabwe: Number of PLHIV by District

Zimbabwe: Number of PLHIV on ART by District

People on ART
- 3,399 - 4,999
- 4,999 - 9,999
- 10,000 - 14,999
- 15,000 - 24,999
- 25,000 - 34,999
- 35,000 - 60,000
- Over 60,000

Source: Zimbabwe Ministry of Health and Child Care, September 2014
Achieving Saturation in Priority Districts by 2017

Process: In order to program resources in districts where the highest probability of attaining 80% epidemic control is possible, the following **36 districts** are being considered based on HIV prevalence, number of PLHIV, and number of PLHIV on ART:

<table>
<thead>
<tr>
<th>Districts</th>
<th>Provinces</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEITBRIDGE</td>
<td>HARARE</td>
</tr>
<tr>
<td>BUHERA</td>
<td>HURUNGWE</td>
</tr>
<tr>
<td>BULAWAYO</td>
<td>HWANGE</td>
</tr>
<tr>
<td>BULILIMA</td>
<td>Kadoma/Sanyati/Mhondoro</td>
</tr>
<tr>
<td>CHEGUTU</td>
<td>KWEKWE</td>
</tr>
<tr>
<td>CHIPINGE</td>
<td>LUPANE</td>
</tr>
<tr>
<td>CHIREDZI</td>
<td>MAKONDE</td>
</tr>
<tr>
<td>CHIVI</td>
<td>MAKONI</td>
</tr>
<tr>
<td>GOKWE SOUTH</td>
<td>MARONDERA</td>
</tr>
<tr>
<td>GOROMONZI</td>
<td>MASVINGO</td>
</tr>
<tr>
<td>Guruve/Mbire</td>
<td>MATOBO</td>
</tr>
<tr>
<td>GUTU</td>
<td>GWERU</td>
</tr>
</tbody>
</table>
Priority districts will receive an intensified package of services while non-priority districts will receive a maintenance package of services.
Setting Targets to Reach Epidemic Control

For each of the program areas, e.g., HTC, VMMC, Treatment, OVC, different data points will inform high-level target setting and will vary by program area.

Considerations include:

- ART: total PLHIV, expected currently on ART, additional patients for 80% ART coverage
- HTC: testing methods that yield high positivity, consider all points of diagnosis for HTC and entry to ART, # tested, identified positive and enrolled on ART
- VMMC: new modeling tools, prioritize 15-29 year olds, size estimation, current VMMC coverage
- Prevention: size estimation, current coverage
- OVC: estimated # of OVC, # of active OVC, current on ART
Defining & Prioritizing Activities

- **Core**: Activities critical to saving lives, preventing new infections - and/or which USG is uniquely qualified.
- **Near Core**: Activities that directly support our goals and cannot be done well by other partners or local gov't.
- **Non Core**: Activities that do not directly serve our HIV/AIDS goals and/or can be taken on by other partners or local gov’t.
1. The Sustainability Index and Dashboard (SID) is a tool that provides an annual snapshot of the National HIV/AIDS response in PEPFAR-supported countries.

2. The SID tracks and analyses five critical domains of sustainability within which there are certain elements - which are then measured using a series of indicators - many of which are derived from existing national datasets.

3. The results from the exercise should assist in determining where future investments from PEPFAR could be applied in the short-, medium-, and long-term.

4. The SID contributes to evidence that assists to answer the question: “What are core components necessary for the HIV/AIDS response and epidemic control to become sustainable?”
Sustainability Analysis for Epidemic Control: Zimbabwe

**Epidemic Type:** Generalized  
**Income Level:** Low Income  
**PEPFAR Categorization:** Long Term Strategy  
**COP 15 Planning Level:**

<table>
<thead>
<tr>
<th>Sustainabilty Domains and Elements</th>
<th>UNSUSTAINED</th>
<th>SUSTAINED</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutionalized Data Availability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Epidemiological and Health Data</td>
<td>Yellow</td>
<td>Green</td>
<td>10.5</td>
</tr>
<tr>
<td>2. Financial/Expenditure Data</td>
<td>Yellow</td>
<td>Green</td>
<td>16.8</td>
</tr>
<tr>
<td>3. Performance Data</td>
<td>Yellow</td>
<td>Green</td>
<td>19.0</td>
</tr>
<tr>
<td><strong>Domestic Program and Service Delivery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Access and Demand</td>
<td>Yellow</td>
<td>Green</td>
<td>15.4</td>
</tr>
<tr>
<td>5. Human Resources for Health</td>
<td>Yellow</td>
<td>Green</td>
<td>15.7</td>
</tr>
<tr>
<td>6. Commodity Security and Supply Chain</td>
<td>Yellow</td>
<td>Green</td>
<td>10.7</td>
</tr>
<tr>
<td>7. Quality Management</td>
<td>Yellow</td>
<td>Green</td>
<td>12.0</td>
</tr>
<tr>
<td><strong>Health Financing and Strategic Investments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. DRM: Resource Generation</td>
<td>Yellow</td>
<td>Green</td>
<td>14.0</td>
</tr>
<tr>
<td>9. DRM: Resource Commitments</td>
<td>Red</td>
<td>Green</td>
<td>2.0</td>
</tr>
<tr>
<td>10. Allocated Efficiency</td>
<td>Yellow</td>
<td>Green</td>
<td>15.0</td>
</tr>
<tr>
<td>11. Technical Efficiency</td>
<td>Yellow</td>
<td>Green</td>
<td>18.0</td>
</tr>
<tr>
<td><strong>Accountability and Transparency</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Public Access to Information</td>
<td>Yellow</td>
<td>Green</td>
<td>13.0</td>
</tr>
<tr>
<td>13. Oversight and Stewardship</td>
<td>Red</td>
<td>Green</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Enabling Environment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Policies, Laws, and Regulations</td>
<td>Yellow</td>
<td>Green</td>
<td>13.0</td>
</tr>
<tr>
<td>15. Planning and Coordination</td>
<td>Yellow</td>
<td>Green</td>
<td>18.0</td>
</tr>
</tbody>
</table>
Goal: The goal of SIMS is to increase the impact of PEPFAR programs on the HIV epidemic through standardized monitoring of quality, at the site and above-site level, focusing on key program area elements.

Primary Objectives

- Monitor capacity at sites and above-site to provide high-quality HIV/AIDS services in all program areas
- Facilitate use of these data and quality outcomes to improve services
- Provide foundational data for regional, national, and global programmatic decision making

SIMS visits

- PEPFAR team conducted multiple visits in September/October 2014, December 2014, and January 2015
- Areas for improvements identified and remedial plans in place
- One of the major challenges is the significant amount of time taken to conduct SIMS visits for facility staff and partners, e.g., 6+ hours for all domains
Next Steps

• Send additional comments to:
  • PEPFARStakeholders@state.gov
  • Due before COB 9 March 2015

• COP 2015 submission due: April 3, 2015

• Regional review: May 11-15, 2015 in Johannesburg
Thank You

Send additional comments by COB March 9, 2015 to:

PEPFARStakeholders@state.gov