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

PEPFAR Briefing for Civil Society

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U.S. Department of State, U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

May 19, 2020

17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Presentation Overview

- COP/ROP 2020 Planning
- PEPFAR in Context of COVID-19
- Global Fund Update
- Updates in Select Program Areas

COP/ROP 2020

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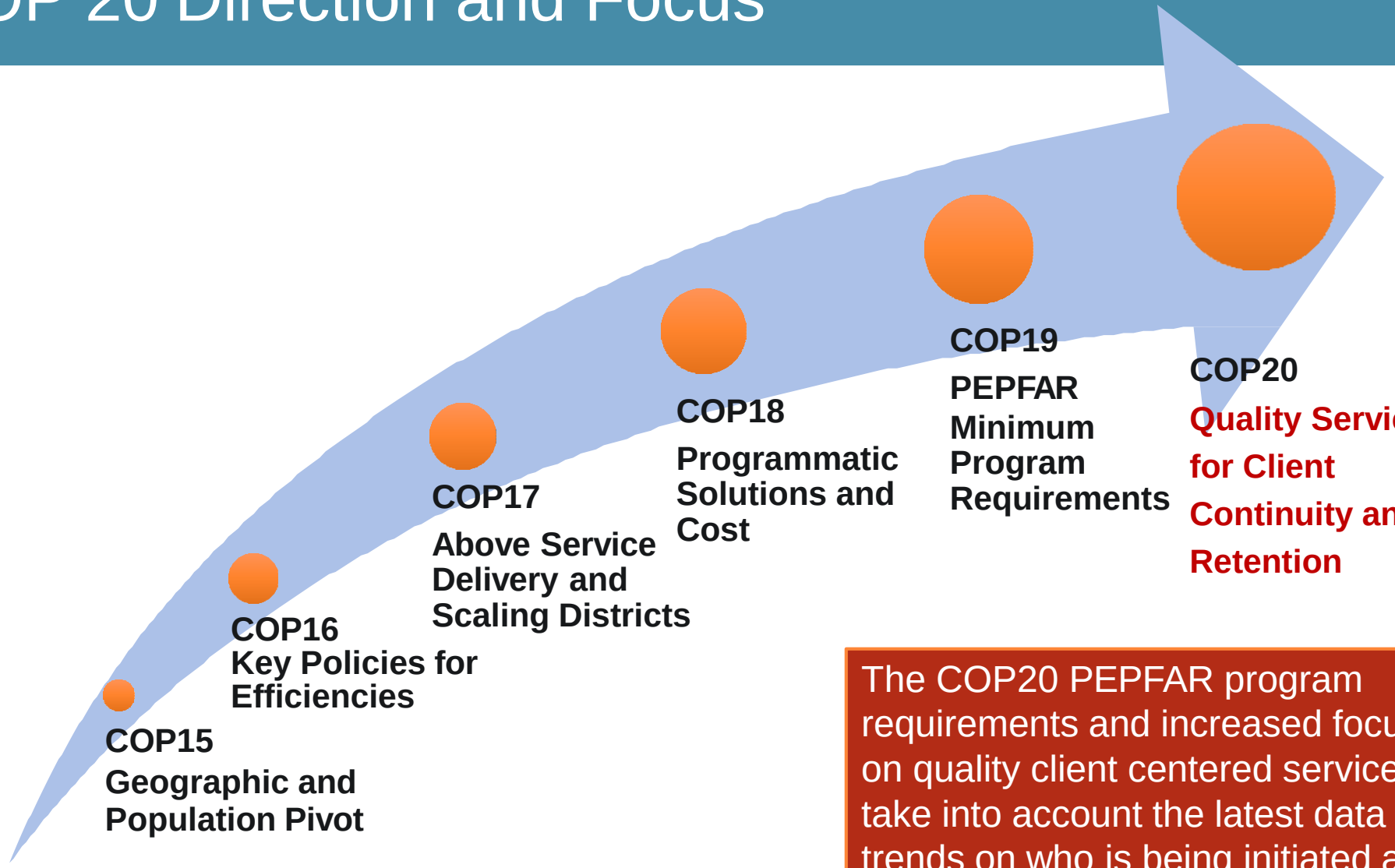
COP/ROP 20 Direction and Focus



The COP20 PEPFAR program requirements and increased focus on quality client centered services take into account the latest data trends on who is being initiated and retained in treatment to promote program effectiveness and optimal of utilization PEPFAR funds

Four key goals 2020

1. **Sustain the gains** in countries that have achieved control and **ensure treatment retention**
2. **Accelerate control** in the hand full of countries that are not on the brink of control
3. Continue to drive down **new infections in young women**
4. **Address the rising new infections** or slow progress **in key population epidemics** around the globe.

COP/ROP 2020 – Planning and Development Complete

- 31 countries, including West Africa Region - completed (Feb 17-March 6, 2020)
- Asia Region, Vietnam – Virtual completed (March 16-20, 2020)
- Western Hemisphere – Virtual completed (March 23-27, 2020)
- Working on preparing/submitting Congressional Notifications

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COP 20 – Critical Policy and Program Advancements (examples during planning)

- TLD and MMD advancements, country after country
- User Fee Elimination, metrics met, country after country
- All reboot countries from COP 18, have rebooted fixing extensive retention issues
- Community-led monitoring taking root
- Index testing certification
- Alignment with Global Fund, as concept note development underway
- More continued meaningful engagement with civil society throughout the development and implementation of COP 2020 remains a requirement for all PEPFAR programs

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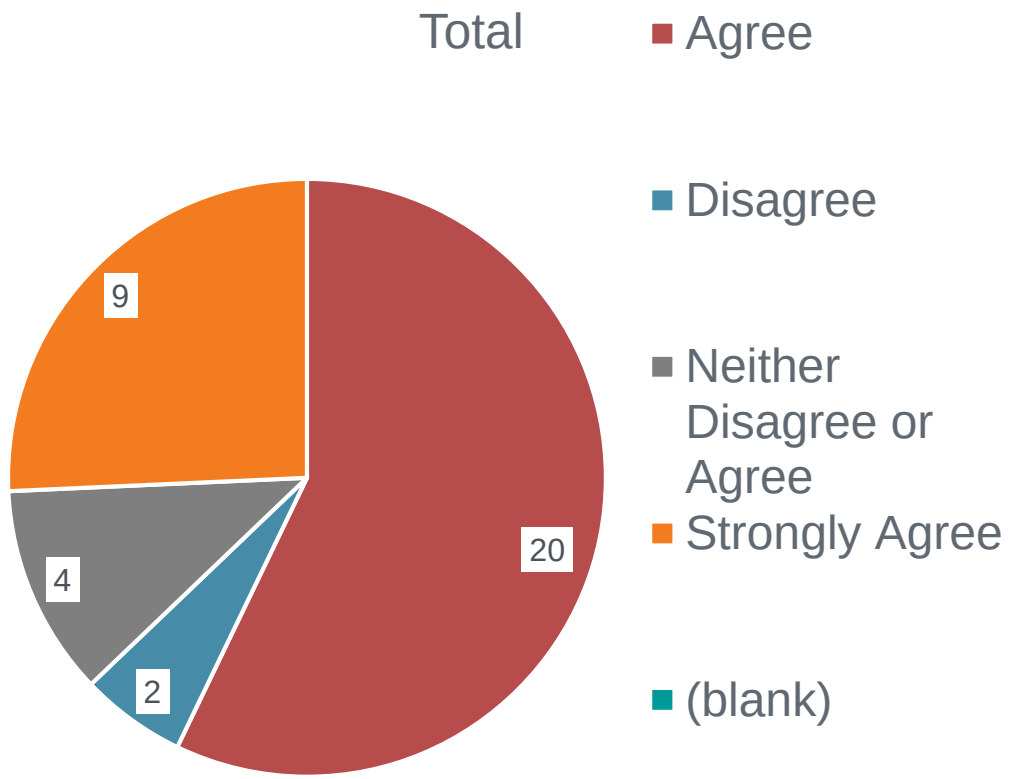
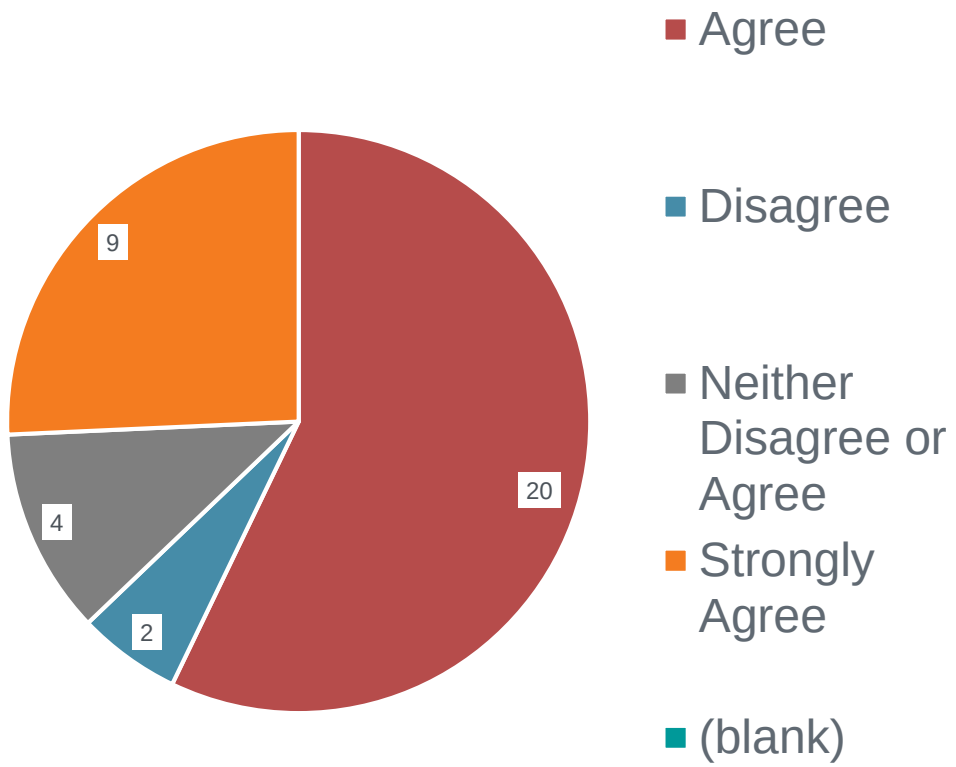
S/GAC Rapid Feedback of Joburg COP Meetings: CSO Responses (n=38)

Q: The program and target-setting discussion was transparent and helpful.

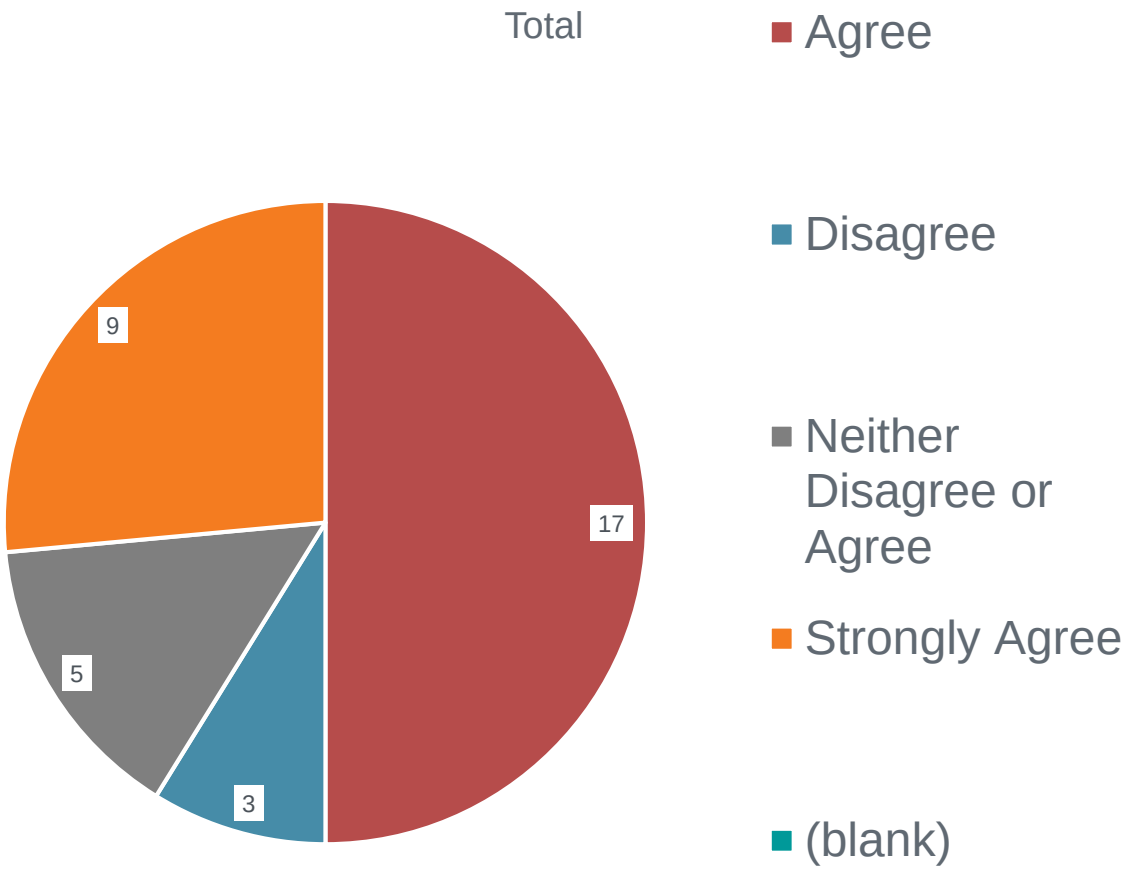


Q: S/GAC'S overall approach to COP/ROP 20 helped my OU reach a sound strategy.

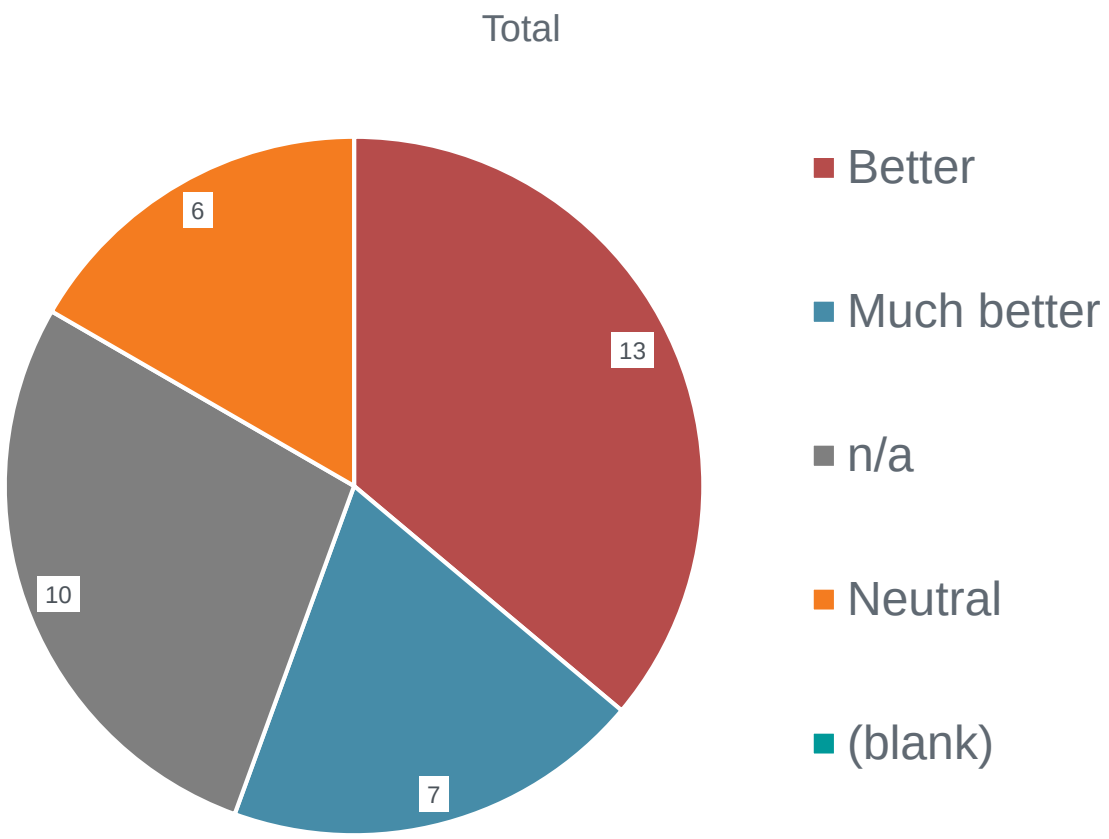


S/GAC Rapid Feedback of Joburg COP Meetings: CSO Responses (n=38) [cont'd]

Q: My thoughts and ideas were taken into consideration when final decisions were made.



Q: Overall, how would you rate your COP/ROP 20 experience compared to your COP/ROP 19 experience?



Open-ended comments (summarized)

- Availability, distribution and timeliness of tools; uneven across OUs
- Concerns that some target discussions were not transparent
- Some CSOs left Joburg unclear about funding for specific program components
- Concerns that CSO input and subsequent USG responses/decisions are not well documented
- Some “first time” CSOs expressed desire for additional time/support to get familiar with PEPFAR processes and jargon
- Concern that some local CSOs are not empowered to speak freely with MOH in the room

Thank you for your continued questions, participation, and recommendations to improve PEPFAR programs and processes.

Stay tuned to https://www.state.gov/where-we-work-pepfar/ for SDS's this summer

Update: Safe & Ethical Implementation of Index Testing

Where are we now?

- The previous halt on active index testing among key populations was lifted in April
- PEPFAR will work with country teams to ensure that either: (1) existing data confirm that current HTS provision at sites meets minimum standards or (2) sites are brought up to standards and assessed using vetted and valid tools.
- The interagency workstream continues to update tools and materials and develop an accountability and oversight framework in response to CSO comments and concerns. Updated materials will be shared with CSOs in the next few weeks.
- We will provide HTS_INDEX and SIMS data (in accordance with existing data governance practices) via Spotlight through downloadable datasets. These data will be available within the coming months for MER, and on May 22 for SIMS.
- COVID-19 may have implications for HTS implementation, monitoring and achieving HTS results, and teams are expected to conform to any COVID-19 related country guidelines
- Will review implementation of index testing during Q2 POART

Overview of the 23rd International AIDS Conference

- Many of those planning to attend from the health sector are now on the front lines in response to the COVID-19 pandemic.
- IAS announced all aspects of the conference will be virtual. IAS will release more information soon on how the virtual aspects will work.
- IAS announced a new publicly available, free of charge, day long COVID-19 Conference with Dr. Fauci and Amb Birx.
- All booths in the Exhibition Hall and Global Village will be virtual. PEPFAR is participating.
- Abstracts will be showcased virtually with the difference in presentation formats
- A virtual community networking zone will exist for attendees to share information.
- Pre-conferences will also be a feature of the virtual conference. No information at this time.
- S/GAC has decided to reschedule the PEPFAR Annual Meeting to occur at a later date (TBD), ideally in-person.

PEPFAR at Virtual IAS 2020

Plenaries:

- Ambassador Birx Plenary Session – *HIV Targets and Beyond: An Assessment of Progress Towards Global Commitments*

PEPFAR Booths:

- PEPFAR Main Booth
  - We are building out an online version of our interactive historical timeline, which will cover key milestones across the domains of political action, scientific discovery, and community activism/social history in the U.S. and global response from 1981-present.

- Global Village Booth – *Meeting People Where They Are with What They Need*
  - Will be used to showcase the power of adjusting both community and facility sites in providing a better client centered service delivery experience across the clinical cascade.

PEPFAR at Virtual IAS 2020 (cont'd)

Satellites and Special Sessions:

- DREAMS Satellite
  - We will present the latest DREAMS data and her vision for DREAMS going forward. Will feature best practices and continued challenges based on the experiences of AGYW and presentations from PEPFAR technical experts and key DREAMS partners. DREAMS Ambassadors will also provide powerful testimonials.

- Community-led Monitoring Satellite
  - We will discuss PEPFAR's community-led monitoring approach and present alongside key community partners on emerging PEPFAR-funded best practices.

- Youth Special Session
  - Attendees will hear from powerful youth advocate voices representing young women, men, key populations, and people living with HIV from various regions with a focus on how the next generation is carrying the mantle in the HIV response.

Abstracts:

- A total of 22 accepted (15 Poster Exhibitions, 5 Oral, 2 Poster Discussions)

PEPFAR in Context of COVID-19

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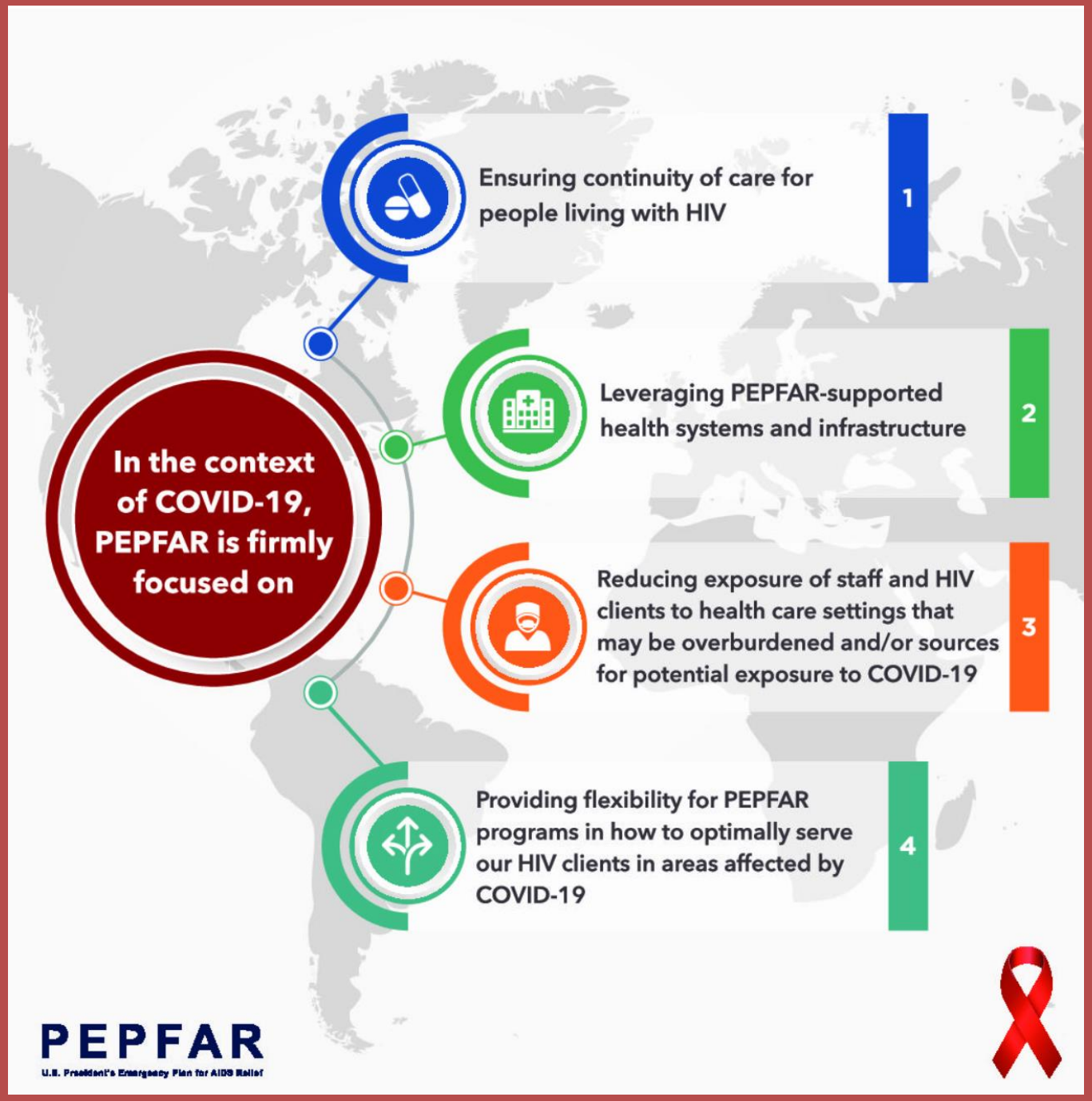
Status of PEPFAR Teams

- Mostly all teleworking
- Some authorized departures
- Most DH and LES still in-country
- PEPFAR teams called upon by partner governments to contribute to national COVID-19 responses

PEPFAR's Platform

- Engaged and contributing extensively to USG-wide action plan for global COVID-19 response
- Strong interagency teams on the ground in 54 countries
- Data driven, metrics
- Over 3,000 labs and 28 national reference labs
- Nearly 300,000 health care workers
- 70,000 health facilities


In the context of COVID-19, PEPFAR is firmly focused on
Ensuring continuity of care for people living with HIV
1
Leveraging PEPFAR-supported health systems and infrastructure
2
Reducing exposure of staff and HIV clients to health care settings that may be overburdened and/or sources for potential exposure to COVID-19
3
Providing flexibility for PEPFAR programs in how to optimally serve our HIV clients in areas affected by COVID-19
4
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PEPFAR's HIV response in the context of COVID-19

- **Ensuring continuity of care for people living with HIV -** PEPFAR is committed to ensuring that the over 15.7 million PLHIV who we serve continue to receive the lifesaving ART to stay healthy and maintain virologic suppression. We are working to provide MMD of ART for our clients and to reduce their potential exposure to COVID-19 by creating dedicated and separate HIV clinic spaces at health facilities.
- **Leveraging PEPFAR-supported health systems and infrastructure -** PEPFAR invests more than $900 million annually to support health systems infrastructure and capacity in our partner countries, including expertise in surveillance, lab, and public health response, of which more than $140 million assists over 3,000 labs and 28 national reference labs. We are working to leverage this robust lab capacity and surveillance systems to support diagnostics for COVID-19 at the appropriate time and to ensure these systems continue to function for people living with, and communities affected by, HIV.
- **Reducing exposure of staff and clients to health care settings that may be overburdened and/or sources for potential exposure to COVID-19 -** PEPFAR is minimizing client visits to health care settings for non-essential services to reduce their risk of potential exposure to COVID-19, protect frontline health care workers, and avoid unnecessarily taxing overburdened health care settings. We have also instructed our country teams and implementing partners to adapt HIV service delivery models to ensure social distancing, reduce contact of well persons with health care settings, and limit or pause any service provision that cannot be conducted within appropriate guidelines.
- **Providing flexibility for our programs in how to optimally serve our HIV clients in areas affected by COVID-19 -** In close consultation with partner governments, PEPFAR is providing technical guidance to determine how to optimally serve our HIV clients with prevention and treatment services in areas affected by COVID-19 based on the specifics of their local context.

PEPFAR Program Implementation During COVID-19

Frequent communication with country teams

Agency and implementing partner-level guidance and technical assistance

Opportunities for reprogramming of funds within PEPFAR or application for COVID-19 specific funds on a wider USG level

Technical guidance for PEPFAR program implementation during COVID-19**:**

- https://www.state.gov/pepfar/coronavirus
- Updated ~2x weekly
- NEW: CSO input/feedback mechanism https://www.surveymonkey.com/r/V7RJW59.

Triangulating Assessments from Other Sources

Rapid community survey on the impacts of the COVID-19 pandemic outbreak on PLHIV in Zimbabwe

Key Interventions: emphasis on convenient, client-centered care

- ✓ Maximize retention
- ✓ Multi-month dispensing to ensure continuity of care
- ✓ Decentralized drug delivery
  - Public transport difficult in setting of lockdown
    - Aim to bring meds to convenient decentralized location.
    - Reduce time spent at facilities.
- ✓ Use of virtual platforms to communicate with recipients of care
  - Telemedicine
    - Guidance for confidential, safe provision of care
    - Testing whether in-person prevention interventions can be delivered virtually
      - Are they effective?
      - Are they safe?

Decentralized Drug Distribution

TYPES

Home Delivery

- Via CHWs, pharmacy support staff, program staff, expert clients, postal service
- Obtain consent before & use discrete packaging to reduce risk of stigma

Community Pharmacy

- Private pharmacies that meet quality standards & are conveniently located
- Fees waived, service agreements w/ program
- Support and monitoring through electronic platforms

Automated Dispensing

- Drug lockers or ATMs installed in high volume districts
- Automated reporting for logistics
- Refilled by program staff

Alternative Pick-up

- Alternate points such as drop-in centers or other locations
- In light of COVID-19, consider what is not locked down

BENEFITS

- Public transport difficult in setting of lockdown
- Aim to bring meds to convenient decentralized location.
- Reduce time spent at facilities.

Supply Chain Impacts Due to COVID-19

- India lockdown: has been extended to May 29 in high COVID-19 Providences. However, lockdown restrictions are being eased in low case load providences.
  - 40% of our current procurement volume comes from India and this includes ARVs and ACTs.
- Although manufacturing has restarted, it is not at full capacity and we anticipate a 5 week delay on orders originating from India.
- Several required elements are delayed
  - Printing of labels and packaging materials
  - Internal transportation due to border closures
  - Work force labor shortages
- Freight costs have increased significantly
- PEPFAR implementing creative solutions to get drugs into country
- SGAC, CDC, USAID, and GF are working collaboratively to ensure deliveries of commodities are maintained to prevent disruption of treatment

Global Fund

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Protecting vulnerable populations during COVID-19: PEPFAR and the Global Fund

- In early April, the United States government constituency, voted to approve **two extraordinary measures** to provide **rapid direct support** to countries to **protect vulnerable populations** both USG and GF serve, and mitigate the impact of covid-19 on HIV, TB, and malaria programs.
- These two extraordinary measures total **USD $1 billion** in resources that are ***in addition*** to new Global Fund resources countries will receive in their new grants.
- PEPFAR field teams are working hand-in-glove with Ministries of Health to access these resources and deploy support quickly, but challenges remain to ensure those requests through the CCM are well vetted, and protect HIV, TB and Malaria programming.

The U.S. role in the Next Global Fund Strategy Dialogue

- PEPFAR is actively engaged in the next Global Fund Strategy dialogue with the Global Fund Board and expects 6-9 months to fully appreciate how that strategy should be informed as we move through COVID-19.
- In this dialogue, we are focused on protecting the clients we serve and protecting the tremendous progress we have achieved against the three diseases over the last 17 years
- We want the Fund to remain **acutely focused** on ensuring those most vulnerable are really protected during this pandemic and beyond, and stay on mandate.

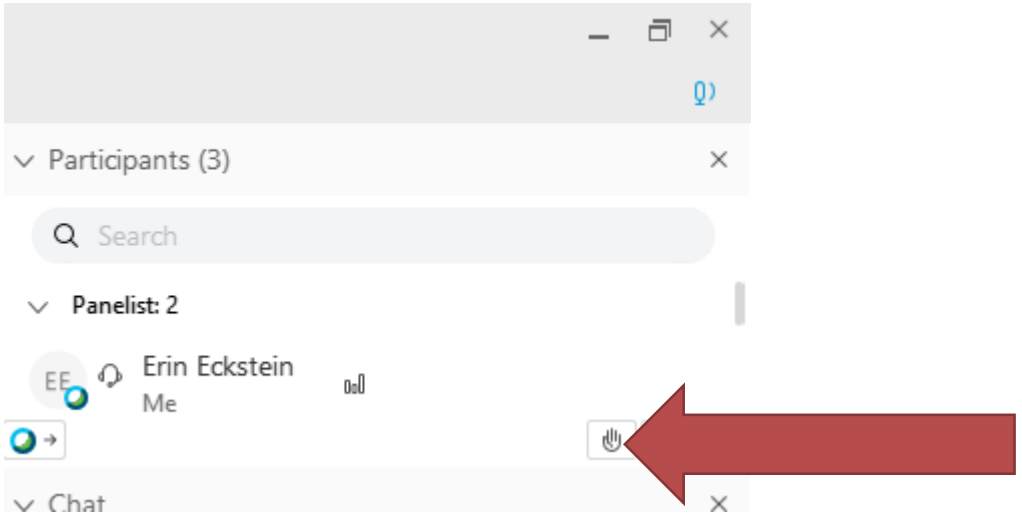
Accelerate GF Action on Community, Rights, and Gender

- This is a critical conversation that should not stop because of COVID-19
- Accounts that COVID-19 is amplifying human rights and stigma issues is worrisome and we are sending that message to our teams
- We are pushing the Fund to clarify what is implementable in a way that can make a difference
- The Fund is uniquely qualified to take on this space because it is not a government. The Fund was the lead in bringing communities to the table, especially with non-governmental Principal Recipients
- There are a number of opportunities to accelerate leveraging faith communities and other groups, and we are extremely supportive
- All PEPFAR countries have had important discussions and actions on resources and modalities to expand community-led monitoring – so should the Fund

Questions?

Option 1: Type your question in the Q&A box (not the chat box)

Option 2: Raise your hand



Option 3: (phone only w/out access to Webex) send an email to EcksteinET@state.gov and BayissaTD@state.gov

Updates in Select Program Areas

Key Populations

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PEPFAR's Commitment to Key Populations

COP/ROP 20 Planning

- Specific funding allotments for key populations programming in country Planning Level Letters
- Inclusion of key populations organizations in program planning
- Inclusion of key populations organizations in program monitoring and evaluation through funding for community-led monitoring
- Continued support for Key Populations Investment Fund (KPIF) program implementation

Continued Commitment during COVID-19

Adapt HIV programs to be more responsive to key populations in COVID-19

- Ensure that key populations enrolled in HIV treatment – more than 180,000 (including 63,457 MSM, and 2,431 transgender) – are retained in treatment and adherent
- Adapt programs to respond to communities' needs, including key population communities
- Encourage community distribution and multi-month distribution to reduce travel to and burden at health clinics
- Utilize more key population-friendly community-focused and virtual strategies
- Strengthen programs to prevent, detect, and provide responsive care, including mental health services, for key populations affected by gender-based violence or intimate partner violence

Maintain community inclusion in COVID-19 Response

- Listen to key populations communities
- Be intentional about including marginalized individuals concerns in the response

PEPFAR COVID-19 Guidance for Key Populations

Prioritize Uninterrupted HIV Treatment Access, Clinical Care, and Support for Key Populations:

- Services should be modified and decentralized so that all KPs can continue to access treatment, PrEP and viral load testing and other care through community platforms
- Programs should ensure continued coordination and collaboration among community case management teams prioritizing virtual platforms to determine appropriate and needed differentiated services for Key Populations.

PEPFAR COVID-19 Guidance for Key Populations

Testing, Prevention and PrEP Services:

- Programs should prioritize differentiated service delivery through community initiation and refill of PrEP and delivery of HIV testing including self-testing via mobile clinics, drop-in centers (DICs), and other community platforms or alternative arrangements for pickup or delivery of services
- Programs should ensure peer outreach workers have enough supply of commodities and/or there are also community distribution points for commodities like condoms, lubricant and self-test kits
- Programs should leverage virtual approaches: Use of social media, phone, SMS, and alternative methods of communication by health care and peer workers may ensure critical services are continued

PEPFAR COVID-19 Guidance for Key Populations

Ensure Safety of Key Populations:

- Programs should track reports of barriers to service delivery
- Programs should work with IPs and engage KP community-based organizations to provide basic communications materials including infection prevention
- Programs should ensure violence prevention mechanisms and referrals are functioning to track and link clients to needed services

Community-led Monitoring

Community-led monitoring: Recap of COP 20 Guidance and Direction

All PEPFAR programs must develop, support and **fund** community-led monitoring of quality and accessibility of treatment services and the patient-provider experience at the facility level in close collaboration with independent civil society organizations and host country governments.

Through direct PEPFAR small grants program whenever possible for local groups at district level – not large IP sub-grants, not international groups

Community-led monitoring: Recap of COP 20 Guidance and Direction (cont'd)

- Develop a shared understanding of the enablers and barriers to treatment retention in a manner that is productive, collaborative, respectful, and solutions-oriented

- Reflect an 'added value' and not duplicate collection of routine data already available to PEPFAR through MER. For ex, information from beneficiaries about their experience with the health facility, information about barriers and enablers to access and retention in services etc.

- The scope and scale should be determined by community members (in consultation with PEPFAR teams), but should be based on need

- Must be action-oriented and routine

- Results must be presented safely by community members to in-country PEPFAR teams on a quarterly basis (either through a presentation or a report) in an environment that will foster honest and genuine discussion of results, including of negative outcomes

Community-led monitoring: Next Steps

- Continue to provide program wide support and coordination of these activities
  - PEPFAR Solutions Platform (under development) provides planning resources, example frameworks and tools

- Assess impact of COVID-19 on implementation and develop solutions

- Work collaboratively with other partners, donors, communities and country teams to identify and document impactful models

Supply Chain Modernization

Next Generation, Client-Centered HIV Supply Chain

Drive a client-centered supply chain to achieve HIV epidemic control and maximize product availability, quality, affordability, convenience.

Advance the journey toward self reliant and country-led procurement and supply chains.

Design Components	Current State	Future State
★ **Client-centered, segmented supply chain**	*Commodity distribution driven by public infrastructure location*	**Get medicine to the patient not the patient to the medicine; segment SC to meet unique population segments where they are**
★ **Private sector**	*Inconsistent, opportunistic use of private sector*	**Strategic and deliberate use of local and global private sector SC expertise**
★ **Country-led and country-focused; update TA**	*Ministries of Health operating SC infrastructure, over-reliance on US-based TA*	**Host governments *overseeing* supply chain services, not *operating* them**
★ **End-to-end data visibility**	*Limited visibility and use of data beyond central warehouses*	**End-to-end traceability, trackability, transparency down to site and patient level driving operational efficiency**
★ **Donor coordination**	*Inconsistent coordination and ad-hoc data sharing among donors*	**Data, KPI, and procurement and SC investment alignment with donors**
★ **Best-in-class service providers**	*Mega, omnibus contract doesn't enable best-in-class for each function; limits lexibility*	**Performance based contracts that match our needs with vendor expertise -- experts not generalists**

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DREAMS

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How are we staying engaged with DREAMS AGYW during COVID?

- First priority → maintain contact with DREAMS beneficiaries in the safest way possible
  - Ideally, mentors will maintain contact with AGYW at same frequency they would normally meet
- Country teams report using WhatsApp, SMS, and Facebook
  - Challenge → not all AGYW have access to phones
  - OGAC and country teams working to understand phone coverage to facilitate potential phone donations
  - When safe, mentors are engaging unreachable AGYW by visiting their homes
- Current content of contacts with AGYW
  - Reinforcing messages from already completed in-person sessions
  - Informing AGYW about available clinical services and assisting with access

How are we assisting DREAMS AGYW to Safely Access Clinical Services?

- DREAMS IPs asked to convey messages about availability of clinical services
  - Multi-month dispensing of PrEP and FP, where possible
  - Post-GBV care is emphasized; some phone counseling is occurring
  - Other prioritized services include HTS and STI testing

- AGYW access to clinical services varies by country
  - General fears of accessing clinical spaces due to COVID
  - In some countries, AGYW may access clinics as they would normally
  - In a few countries, lockdowns and permit requirements likely limit AGYW access

- Challenge cited repeatedly by country teams was the procurement of PPE

How are we Addressing the Increase of GBV and Child Protection Issues During COVID?

PEPFAR Guidance States that all PEPFAR programs (both clinical & community) can respond to GBV and CP by:

1. Advocating with host governments to designate CP and GBV responders and organizations as essential during lockdowns (including helplines).
2. Working with local governments, community partners, local organizations, and other donors to continuously update lists/directories of all local GBV/CP response services and national hotlines that are functional, including both clinical and non-clinical supportive services.

Addressing the Increase of GBV During COVID (con't)

Questions addressed in detail in the COVID FAQ:

1. How can clinical partners respond to GBV and CP issues during the COVID-19 pandemic? Guidance includes, for example:
   - Ensure staff have list of services that are open
   - Deliver age-appropriate first line support (LIVES)
   - Assist clients with safety plans

2. How can community partners respond to GBV and CP issues during the COVID-19 pandemic? Guidance includes, for example:
   - Keep in contact with those at elevated risk for GBV or child abuse/neglect
   - Support frontline staff
   - Ensure appropriate response services are in-place and known

Pre-exposure Prophylaxis

PrEP in COP2020: Targeting 1 Million People on PrEP

In COP20, PrEP is a core program requirement and recommended for all populations at high-risk of HIV acquisition

- Serodiscordant couples including those identified through index testing
- AGYW in high risk geographic areas or age groups
- Pregnant and breastfeeding women in high risk geographic areas or age groups
- Key populations
- Other priority populations identified as high risk based on recency testing or PHIA such as fisherfolk

Layer PrEP on top of existing services

- ART clinic for discordant couples
- ANC/RH clinics for high risk AGYW
- KP hot spots for SW, MSM/TG
- Other hot spots e.g. fishing communities or truck stops
- Community sites in areas of high incidence

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PrEP in Context of COVID

- Where we were:
  - 162k people on PrEP as of September 2019
  - Ambitious goal to reach 1 million new people with PrEP during COP20 implementation
- Where we are:
  - Within the first month of COVID-19 related social distancing parameters some countries are seeing a 90% drop in new initiations while others are noting increasing demand
  - Rising reports of situations placing AGYW and other vulnerable populations at higher than normal risk for HIV acquisition
- Where we want to be:
  - Getting the most effective HIV prevention tools to people who need them within boundaries of infection control practices

Why does PrEP matter right now?

- **Relationship to treatment gains and epidemic control**
  - Community viral load may increase in the face of COVID, making HIV prevention efforts (especially PrEP) even more necessary.
    - The effectiveness of PrEP (compared with other interventions such as condoms) supports its use as an essential service.
  - PrEP is needed for countries to achieve epidemic control (ART and viral suppression will not be enough[1]).

- **Secondary Impact of COVID-19 social-distancing parameters**
  - Physical confinement measures are critical to contain the spread of COVID-19, but as these periods of confinement are extended, there is growing potential for increasing rates of sexual exposure for many people.
  - With fewer options for clients to interact with peers or HCWs in person to learn about or obtain PrEP awareness and demand may decrease.

[1] Supervie et al. Modeling dynamic interactions between pre-exposure prophylaxis interventions & treatment programs.Scientific Reports. 2011

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PrEP FAQs

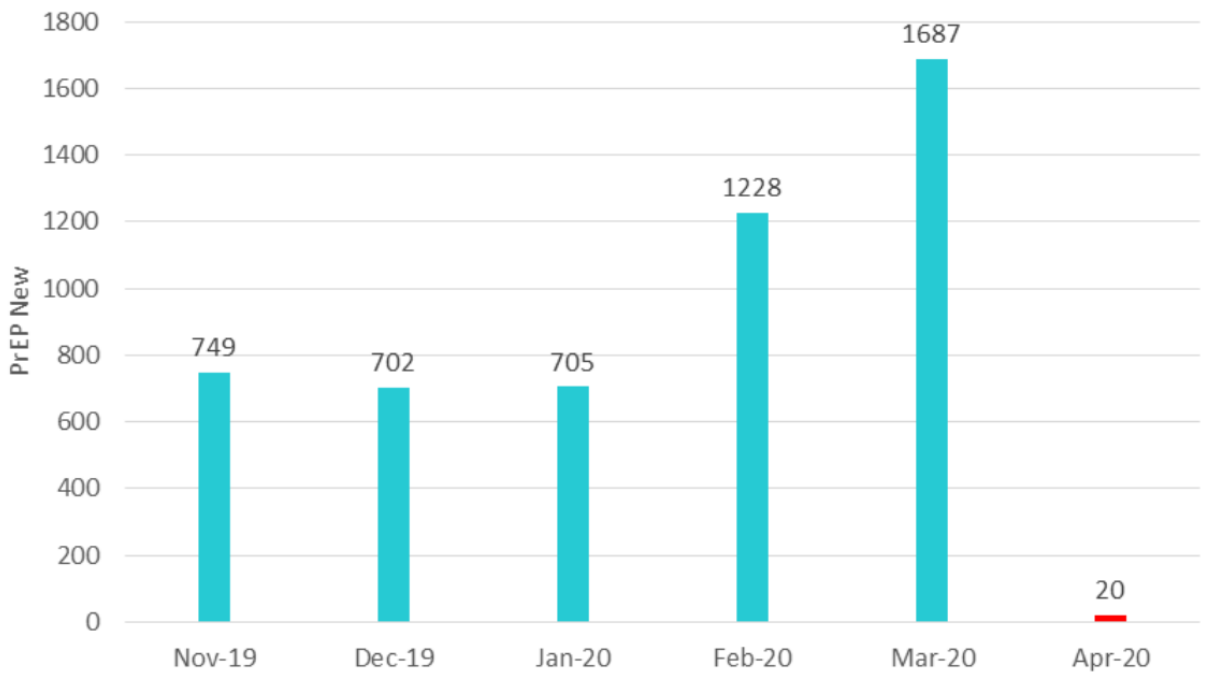
- Published April 3rd highlighting the key questions that had been received by then.
  - Multi-month dispensing of PrEP can be offered if the provider and client agree that it would be practical.
  - Demand Creation options based on no/limited contact platforms are supported within local social-distancing requirements.
  - Monitoring & Evaluation:
    - PrEP indicators are only reported semi-annually so data on the impact of social distancing won't be known for a long time unless we receive more regular updates.
- PrEP FAQs are also woven into the KP, AGYW/DREAMS and MCH sections.

PrEP in the Time of COVID: Challenges

- KP community members with earnings affected by the COVID-19 lockdown have reported lack of food security and other nutritional challenges
- Risk of community self-perceived stigma with implementing partners delivering refills at community level using motorcycles and/or a few project vehicles
- Limited utilization of online platform for counselling and prevention information due to costs associated with data and airtime (some KP do not have access to smart phones and may miss out on online interactions)
- Difficulty in accessing health facilities/DICs because public and private transport is restricted leading to an increase in missed appointments
- Information about COVID-19/HIV co-morbidity leading to increase in HIV testing requests
- Increased episodes of intimate partner violence with isolation at home may increase PrEP need

Lesotho PrEP Initiation Decline

PrEP Initiations have dropped drastically under Lockdown



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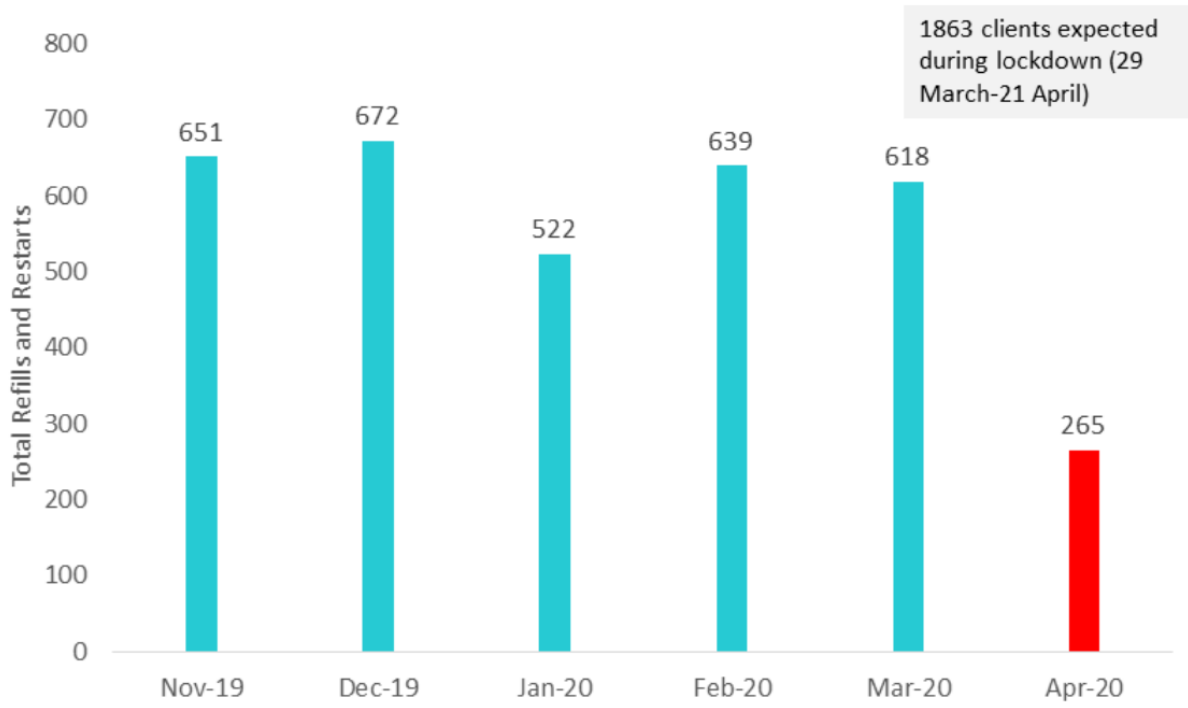
Lesotho PrEP Refill Collection Decline

Only 14% of clients expected to attend refills during Lockdown served



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Innovations and Adaptations

- Pivot to virtual/phone-based support: phone/WhatsApp to track refills and HIV testing; virtual support groups (e.g., virtual engagement of AGYW); virtual demand creation that directs clients to static clinics; online assessment for HIV risk / PrEP eligibility. Pivot to virtual platforms appears to have support for continuation, though new initiations are decreasing.
- Reduced contact PrEP service delivery: determined essential staff; reduce number of clients in facility at same time; strengthen infection control measures; appointments for PrEP initiation and refills
- Enhanced decentralization: home-based delivery of PrEP; PrEP pick-up at predetermined community pick-up points; HIVST being discussed in some places
- MMD to extent allowable by national policy with provision for monthly scripting for clients who may not adhere (to converse commodities)

Country Examples

South Africa	Before lockdown, determined who was essential and non-essential staff, set up communication systems at all levels for dynamic staff interaction (Zoom, WhatsApp), trained staff to ensure COVID readiness, strengthened infection control measures, and procured and distributed PPE to staff.* Use of social media platforms for demand creation and to provide information about PrEP service delivery.
Zimbabwe	Prioritized MMD for PrEP early on and were able to reach a sizable proportion of their DREAMS cohort. In rural areas with harder to reach populations, DREAMS Ambassador coordinates referrals, either by phone or 1:1 using physical distancing measures, prioritizing PrEP along with other services.
Botswana	Appointments made for enrollment at home or in the community, using infection control measures. Frequent check-ins by peer navigators for those newly enrolled on PrEP.* Use of social media platforms to engage with KPs and AGYW.

*Taken from PrEP Learning Network *PrEP Delivery in the Context of COVID-19* webinar, April 23, 2020. Available here: https://www.prepwatch.org/in-practice/virtual-learning-network/

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Next Steps for Country Teams and COOP

- Support innovations to continue community-driven services, e.g. expand use of decentralized (non-healthcare facility-based) delivery of services; help USG staff and implementing partners to implement these approaches and advocate for adjustments in relevant COVID guidelines
- Strengthen virtual support mechanisms, and enable programs to expand use of phone/airtime/virtual support - advocate for flexibility in budgets
- Continue expansion of flexible MMD for PrEP clients - ensuring supply chain plans and stock are in place
- Advocate to relieve policy barriers to PrEP initiation during COVID-19
- Leverage virtual platforms for PrEP (e.g., ECHO project for care & treatment)
- Plan virtual TA for countries to support PrEP activities: Mozambique, South Africa, Malawi
- Plan virtual learning (via webinars) for countries as well as iSMEs as needed

VMMC

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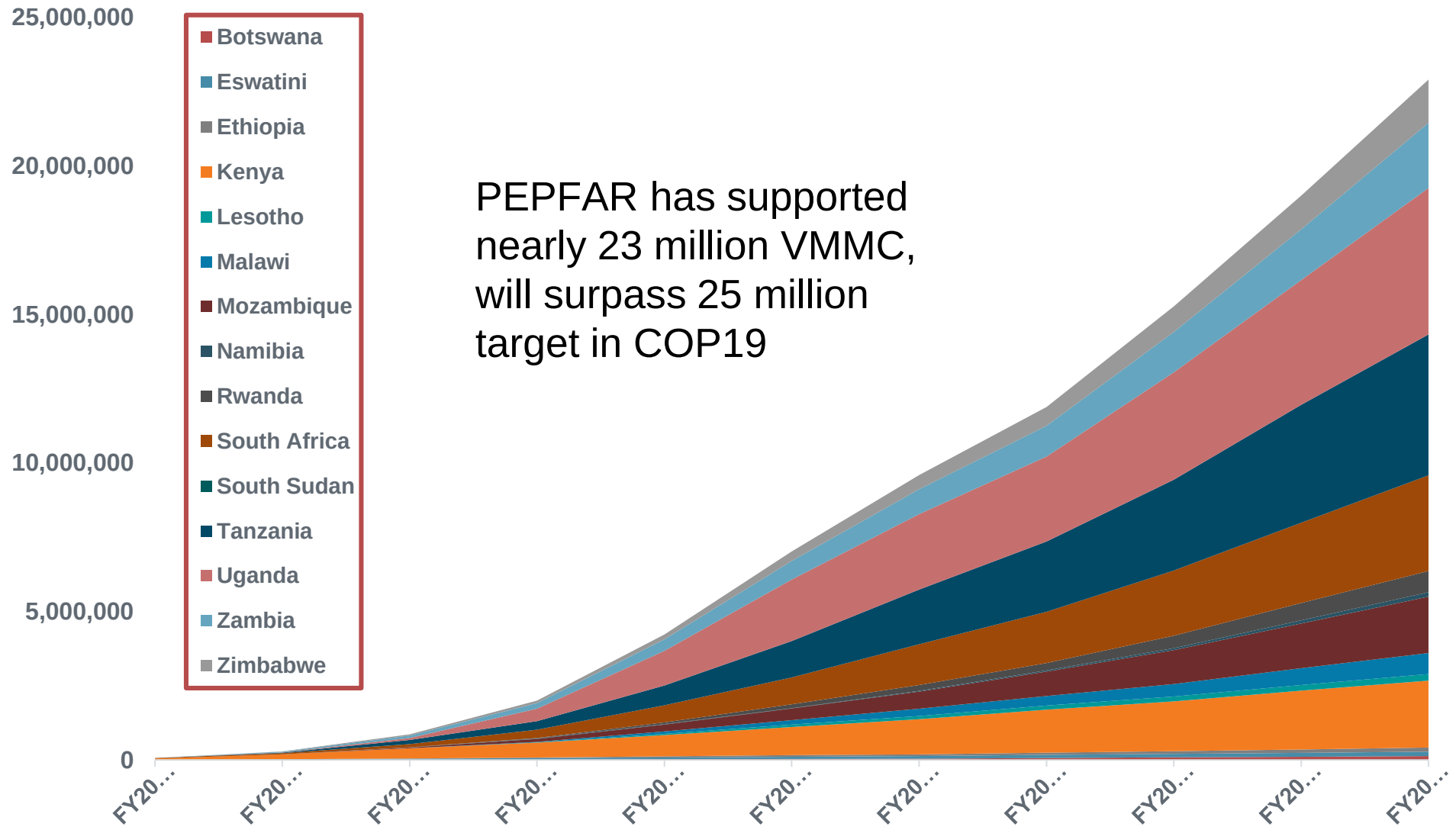
PEPFAR has supported nearly 23 million VMMC, we will surpass 25 million target in COP19



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VMMC Change in Age

- The lower age for VMMCs is now 15 years
  - Client must be able to understand options and give informed consent
  - Shang ring may be considered < 15 with HQ approval and same informed consent requirement
  - WHO will be releasing similar guidance with more details on informed consent issue
- No infant circumcisions will be supported in COP20
- While the change officially occurs in COP20, programs must immediately assure that those < 15 undergoing VMMC and their parent/guardian are aware of the increased risk of complications with VMMC at this age and of the option to postpone surgery until full sexual maturation
- Additional suture changes to reduce fistula risk.
- Boys presenting below age 15 can be offered age appropriate comprehensive risk reduction education and information on returning for VMMC. For countries where tetanus immunization is < 70% in this birth cohort, tetanus immunization can be provided if vaccine funded by host government.

VMMC and COVID-19

- Many countries are delayed in performing VMMC because of COVID restrictions
  - A few countries allow VMMC at facilities with patient request or in regions with low COVID number
  - Campaigns are shut down in all countries
- When VMMC reopens, will be for age 15 and above except for Shang ring, where previously approved
- Interagency team working to develop checklist and guidance for re-opening

Condoms

Condoms

- PEPFAR continues central support of over $20 million for condom procurement
  - Additional support through COP based on country context
  - Encouraging total market approach to diversify condom procurement and increase availability
  - Coordinating with Global Fund
- Condoms and COVID
  - Need to place orders early and increase orders to allow provision of more condoms/person to reduce visits
  - Package condoms/lubricants for individual clients but give greater numbers
  - Increase delivery points for condoms/lubricants to avoid clinic visits
  - Looking for innovations to get condoms to clients in current situation as understand access is an issue

Pediatric Services

Pediatric MMD in the setting of COVID-19

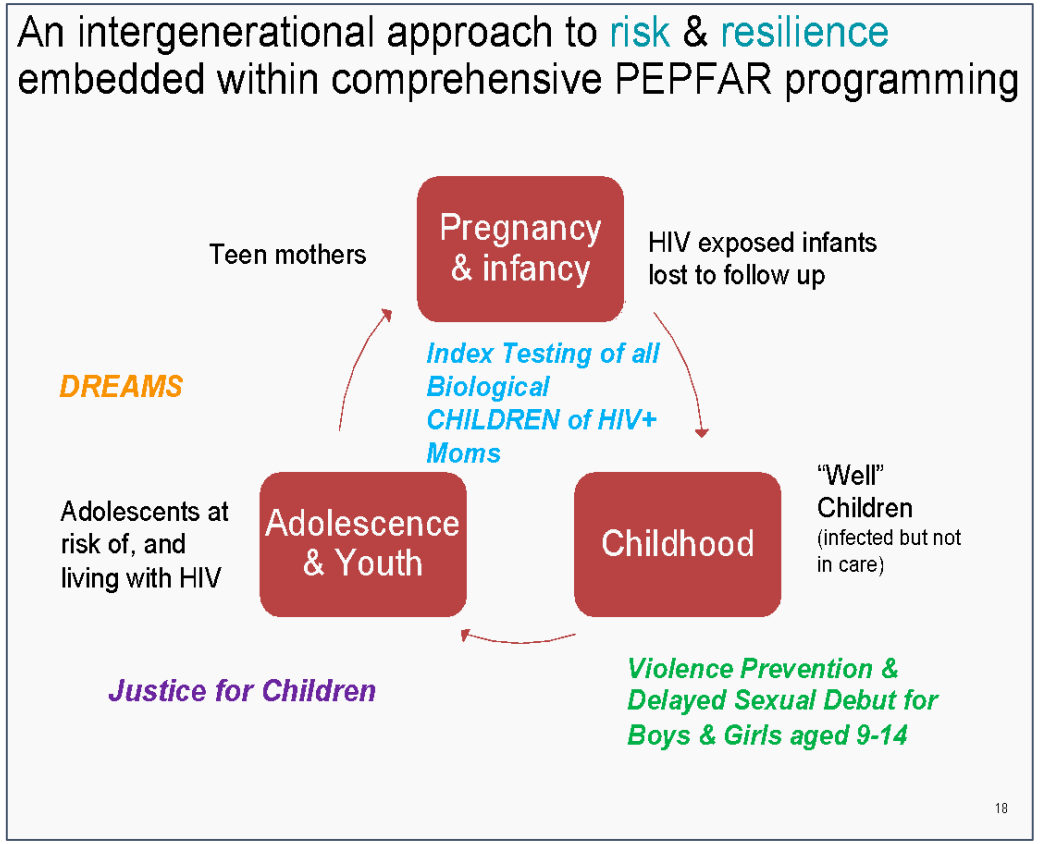
- Programs should make every effort to supply children and CLHIV/ALHIV initiating and refilling ART with a 3-month supply of ARVs for those who weigh < 20 kg and a 6-month supply for those who weigh 20+ kg.
- For children requiring Cotrimoxazole, a 3-6-month supply should be provided at the same time as ARV pickup.
- For children starting a new medication, administration of the first dose should be demonstrated and administered in clinic.
- HIV-exposed infants should be given the **greatest quantity of infant prophylaxis**, both ART and cotrimoxazole as possible to last until the next immunization or EID testing appointment.

Orphans and Vulnerable Children (OVC)

OVC Program Vision

COP20 Priorities

- Supporting **retention** of children & adolescents in treatment and care
- Helping to **find** children living with HIV who have not yet been diagnosed
  - Facilitating **index testing** of biological children of mothers living with HIV
- Providing **primary prevention** of HIV & sexual violence interventions for children aged 9-14 years
- Collaborating with **DREAMS** for AGYW 10-17 in DREAMS SNUs



COVID-19 & OVC Programs

- Prioritizing **virtual support** and **remote case management**
  - Where allowed, home visits for most vulnerable children (e.g. child abuse, critically ill)
  - Worked with OVC Task Force on tip sheet for OVC remote case management during COVID-19

- Ensuring **operational referrals** for essential services, OVC program enrollment
  - E.g. updating SOPs for remote referrals between OVC, clinical services, child protection/social services, law enforcement

- Prioritizing **prevention** and **response** to **violence against children**
  - Working with governments to ensure child protection responders and hotlines are deemed “essential”
  - Maintaining contact with VAC survivors and those at highest risk
  - Continuously updating referral directories for clinical and social services
  - Supporting frontline staff

OVC & COVID-19: Ongoing Challenges

- How to maintain contact with OVC households that don't have phone access?
  - Especially in places with stay-at-home orders and mobility restrictions
  - E.g. in Malawi <20% of households have phone access

- Child protection and social service workforce are not deemed "essential" in all countries, limiting service availability and timely response to urgent protection issues

- How to protect frontline workers doing home visits

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Thank You!

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